FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093195 (3)

ANTHONY ANDRIANI MUSIC INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		1 10511081 110 10111 0101	I MANIN MANIN AMININ AMININ	ISO ELIDI ELDID IDII))
8807 BANYAN COVE CIRCLE 8807 BANYAN COVE CIRCLE			E				
FORT MYERS	RT MYERS FL 33919 FORT MYERS FL 33919			DO.	DO NOT WRITE IN THIS SPACE		
US	US				3. Date Incorporated or Qualified		
				12/23/1994			ĺ
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number		Ap	plied For
	S.W. 1ST Place	26 2703 S.W.	15+ Place	e 65-0569010		 	t Applicable
Sulte, Apt. 1		Suite, Apt. #, etc.			Desired	\$8.75	Additional
22		27		5. Certificate of Status	Desired 🗀	Fee Re	quired
City & State		City & State	 -,	6. Election Campaign I	inancing	\$5.00	
23 Care	Coral Florida	28 Cape Coral	<u> </u>	Trust Fund Contribu	ion 🔲	Added t	o Fees
Zip	Country	Zīp L	Country	8. This corporation own			1
24 33914		29 33914 30	0 VSA	Personal Property Ta		<u> </u>	No .
_	9. Name and Address of Current	Registered Agent	04 Nome	10. Name and Address	of New Registered	ı Agent	
MOLLOY, MICHAEL A B1 Name MICHAEL A- MOLLOY							
880	7 BANYAN COVE CIR	Address (P.O. Box Number is N		-			
FT MYERS FL 33919				03 S.W. 15t	place		
			83		•		
			84 City	<u> </u>		85 Zip (Code .
			$-++$ c_a	use Color	FI	- 33'	914
11. Pursuani t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	obrigoration submits this statem	ent for the purpose	of changing it: incintment as	s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
3	Signature, lyped or printed name of registered agent		•	required when reinstalling)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGE	S TO OFFICERS AN		
TITLE	PTSD	☐ DELE te	1.1 TITLE	PTS D	al. A	Change	∐ Addition
NAME	MOLLOY, MICHAEL A		1.2 NAME	Molloy, Micha 2703 5. W. 18t	ST		
STREET ADDRESS	8807 BANYAN COVE CIR		1.3 STREET ADDRESS	2703 3.00	22014		
CITY-ST-ZIP	FORT MYERS FL		1.4 CfTY-ST-ZIP	Cape Corac, Fl	<u> </u>	0	Addicas
TITLE		DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				Lien
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP			0	T Addition
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				14400
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-\$1-ZIP			5.4 CITY - ST - ZIP				1 1 1 1 1 1 1
TITLE		☐ DELETE	6.1 TITLE			Change	L. Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				
14. I hereby c	ertify that the information supplied with	this filing does not qualify for t	the exemption state	d in Section 119.07(3)(i), Florid	a Statutes. I further o	certify that the inder oath: the	information

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trueben empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attendment with an address.

1-6-98 (940573-169