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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029389 (0)

LYRESONG MUSIC, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7842 BREAKWATER COURT		POST OFFICE BOX 208			``			
BOKEELIA FL 33922		BOKEELIA FL 33922		, inc	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated o			
					04/10/1995			
2. Principal Pl	ace of Business	2a. Mailing Address		<del></del>	4. FEI Number		Ar	oplied For
21		26			65-0621750			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					<del></del>	Additional
22		27			5. Certificate of Status	Desired		equired
City & State	)	City & State			6. Election Campaign F	inancina	\$5.00	May Be
23		28			Trust Fund Contribut		Added	
Zip	Country	Zip	Count	ry	8. This corporation owe			
24	25	29	30		Personal Property Ta	•		] No
	9. Name and Address of Current	Registered Agent			10. Name and Address		Agent	
RICHARDSON, BARBARA H								
	2 BREAKWATER COURT		-	<b>a</b> a	60 8. 11	* * · · · · · · · · · · · · · · · · · ·		
	KEELIA FL 33922		6	2 Street	Address (P.O. Box Number is N	ot Acceptable)		\
100	NEELIA FL 33822		8	3				
			-				11	
			8	4 City		FI	<b>85</b> Zip	Code
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-named	corporation submits this statem	ent for the purpose of	f changing it	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registated agent and title it applicable (NOTE, Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.	-goni organiana	ADDITIONS/CHANGE		D DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITUE			<u> </u>	Change	Addition
NAME	KARRAS, HARRY G DR		1.2 NAM	F			_	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC 28626		1.4 CITY		1			\ \
TITLE	D	DELETE	2.1 TITLE				Change	Addition
NAME	RICHARDSON, ROBERT B SR		2.2 NAM				_	
STREET ADDRESS	7842 BREAKWATER COURT			et address				į
CITY-ST-ZIP	BOKEELIA FL 33922			'-\$T-ZIP		grade Meso		ļ
TITLE	D DELETE		3.1 TITLE				Change	Addition
NAME	RICHARDSON, BARBARA		3.2 NAM					
STREET ADDRESS	7842 BREAKWATER COURT			ET ADDRESS				
CITY-ST-ZIP	BOKEELIA FL 33922			-ST-ZIP				
TITLE			4.1 TITLE				Change	Addition
NAME			4. 2 NAN					
STREET ADDRESS				ET ADDRESS	ļ			
								1
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	- ST- ZIP			Change	Addition
l t		_ Ottli	5.1 HLL				Orienty c	
NAME			•	-	<b>\</b>			\ 
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY				Change	Addition
TATLE		ר"ן הנונונ	6.1 TITLE				L change	Addition
NAME			6.2 NAM					l
STREET ADDRESS			6.3 STRE	ET ADORESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 trustee 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 attachment with an address.

SIGNATURE:

me to Richardson

4-1-98 941-283-3829