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FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000087666 (0)

1. Corporation Name  
PROSZEK MUSIC CENTERS, INC.



Principal Place of Business  
3100 SW COLLEGE ROAD  
SUITE 300  
OCALA FL 34474  
US

Mailing Address  
2800 NORTH CLEMENTS  
HERNANDO FL 34442-4743  
US

3. Date Incorporated or Qualified  
11/13/1995

3a. Date of Last Report  
04/18/1996

4. FEI Number  
59-3346806

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 3100 SW College Rd  
Suite, Apt. #, etc.  
22 SUITE 300  
City & State  
23 OCALA FLA  
Zip  
24 34474 Country  
25 HARNON

2a. Mailing Address  
26 2800 NORTH CLEMENTS  
Suite, Apt. #, etc.  
27 SAME  
City & State  
28  
Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

RHOADES, RON A ESQ.  
2420 NORTH ESSEX AVENUE  
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	PROSZEK, JOHN S	1.2 NAME	
STREET ADDRESS	2900 NORTH CLEMENTS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	SECRETARY
NAME	PROSZEK, DONNA J	2.2 NAME	
STREET ADDRESS	2900 NORTH CLEMENTS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *John S Proszek* X 4/7/97 382-237-1175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)