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FILED
May 05 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 # P95000089718 (7)

1. Corporation Name
POTTER'S WHEEL MUSIC INC.



Principal Place of Business

721 LYONS ROAD
SUITE 15203
COCONUT CREEK FL 33063

Mailing Address

721 LYONS ROAD
SUITE 15203
COCONUT CREEK FL 33063-6724

2. Principal Place of Business

21 7128 S. MILITARY TRAIL

Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH FLA.

24 Zip

25 Country

26 33463

2a. Mailing Address

26 7128 S. MILITARY TRAIL

Suite, Apt. #, etc.

27 City & State

28 LAKE WORTH FLA.

29 Zip

30 Country

31 33463

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

08/01/1996

4. FET Number

65-0659915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROZELL, MIKE
721 LYONS ROAD
SUITE 15203
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name

TIM DAVIDSON

82 Street Address (P.O. Box Number is Not Acceptable)

83

7128 S. MILITARY TRAIL

84 City

LAKE WORTH

FL

85 Zip Code

33463

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, to 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

Signature of person or persons authorized to sign this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROZELL, MIKE
STREET ADDRESS 721 LYONS ROAD, SUITE 15203
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ DELETE

NAME ROZELL, PAM
STREET ADDRESS 721 LYONS ROAD, SUITE 15203
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: MICHAEL ROZELL

4/11/97 9:24 9783004

CR2E034 (9/96)