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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000031610 (4)

SANCTUARY MUSIC INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

8576 E. LAKE DRIVE BOCA RATON FL 33434 9576 E. LAKE DRIVE BOCA RATON FL 33434-3954

## FILED Apr 24 1997 8:00am Secretary of State



BOCA RATON	FL 33434	BOCA RATON FL	33434-3854			
					3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Addre	ss		4. FEI Number 1 / 70020	Applied F
21		26	-/		65-0678938 Not Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, e	etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required
City & State	>	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May B
Zip	Country	Zip	Coi	untry	B. This corporation has liability for i	ntangible tax under s. 199.0
24	25	29	30		Florida Statutes	Yes No
	<ol> <li>Name and Address of Cui</li> </ol>	rrent Registered Agent			10. Name and Address of New Re	glatered Agent
GRU	iber, scott			61 Name		
9576	B E. LAKE DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptab	(a)
BOC	A RATON FL 33434			Suestado	areas (1.10. box (40/liber is 140) Accorptao	101
				63		
				84 City		85 Zip Code
				<u> </u>		FL S 2000
SIGNATURE	in familiar with, and accept the of Signature typed or printed name of registerio	_		atutes. ed Agent signature requ	rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE		☐ DEL	.ETE 1.1 T	TITLE	P	☐ Change ☑ A
NAME			1.2 N	NAME S	COTT GRUBER	
STHEET ADDRESS			1.3 S	STREET ADDRESS 🐬	576 EAST LAKE TH	ejve
CITY - S1 - ZIP			1.4 0	CITY-ST-ZIP	OCA RATON, FL 33434	7
TITLE		☐ DEL	ETE 2.1 T	TITLE I & AF	77	☐ Change ☐ A
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STREET ADDRESS			235	STREET ADDRESS 🎜	32 N.L. 32 37	
CITY-ST-ZIF			2.41	CITY-ST-ZIP	OCA RATON, FL 33	431
TITLE		☐ DEL		TITLE 5	5/T	Change A
NAME:					, , ,	
			3.2 N	NAME	MICHAEL CADUSTO	
STREET ADDRESS			3.2 M 3.3 S	NAME STREET ADDRESS 3	WICHARL CARUSO 32 N.E. 32 ST	
			3.2 M 3.3 S 3.4. C	NAME STREET ADORESS CITY-ST-ZIP	VICHAEL CARUSO 32 N.E. 32 ST OCA RATON SEL 3	
CHY-SI-ZIP		☐ DEL	3.2 N 3.3 S 3.4. C LETE 4.1 T	NAME STREET ADDRESS CITY-ST-ZIP	VICHAFL CARUSO 32 N.E. 32 ST OCA RATON FL 3	
CHTY-ST-ZIP		DEL	LETE 4.1 T	NAME STREET ADDRESS CITY-ST-ZIP	VICHAEL CARUSO 32 N.E. 32 ST OCA RATON FL 3	1343/
CHY-ST-7P TITLE NAME		☐ DEL	LETE 4.1 T	NAME STREET ADDRESS 3 CITY-ST-ZIP	VICHAEL CARUSO 32 N.E. 32 ST OCA RATON FL 3	1343/
CHY-ST-7P TITLE NAME		☐ DEL	LETE 4.1 T 4.21 4.3 S	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VICHAEL CARUSO 32 N.E. 32 ST OCA RATON FL 3	1343/
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information indicated on this annual report or suppliemental 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:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/91 (561)989-2512

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