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 # P96000044847 (7)

F & M MUSIC & DANCE, INC. Principal Place of Business Mailing Address 18420 LAKE BEND DRIVE 18420 LAKE BEND DRIVE JUPITER FL 33458 JUPITER FL 33458 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0700915 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CAPITELLI, FREDERICK 18420 LAKE BEND DRIVE Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 83 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 objections of Section 607 0505, Florida Statutes. one of professional agents of title if application of the professional of the professi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETÉ 1.1 TITLE TITLE CAPITELLI, FREDERICK 1.2 NAME NAME 18420 LAKE BEND DRIVE STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 21 TITLE Addition

NAME CAPITELLI, MARIA 22 NAME STREET ADDRESS 18420 LAKE BEND DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP Jupiter FL 33458 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS City - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 61 STREET ADDRESS C CITY-ST-ZIP

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: _____

4-29-98

FILED

May 11 1998 8:00am

Secretary of State