Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90128 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOC

1. Corporation i	PPELLA SINGERS, INC.	00900	75					
Principal Place of Business Mailing Address							im 1821 (1814 1911) 1919 1911 191	
3431 NORTHEAST 17TH TERRACE 3431 NORTHEAST 17TH TERRACE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334						DO NOT WRITE IN TH	S SPACE	
			_			Date Incorporated or Qualifed 11/01/1996		
2. Principal Plac	ce of Business	2a. Mail	ing Address			4. FEI Number	Applied For	
21		26		-	-	65-0710953	Not Applicab	
Suite, Apt. #,	etc.	Suite 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	30	Countr	у	This corporation owes the current year learning Personal Property Tax.	ntangible	
	9. Name and Address of Cur	rent Registered	I Agent			10. Name and Address of New Registere	d Agent	
CALO CORRODATE CERUBÓEC INIC				81	1 Name 1	ROLLAND BOSNDER		
EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVENUE				82	2 Street A	et Address (EQ Box Number is Not Aceptania		
SUITE 1100				83 Francial				
FORT LAUDERDALE FL 33301				84	4 City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	85 Zip Code	
	.]					F		
11. Pursuant or office or regardent. I am	the provisions of Sections 607 istered agent, or both in the St fabilitar Attractory action the ob- greature, typed or printed name of registered	ate of Florida. Singations of, Sect	607.0505, Florida	onzed by a Statute	y the corpo s.	corporation submits this statement for the purpose pration's board of directors. I hereby accept the appropriate the purpose or the purpose o	d 39	
				13.		ADDITIONS/CHANGES TO OFFICERS		
l '	D		☐ DELETE	1.1 TITLE			Change Addi	
	BOENDER, RONALD			1.2 NAME				
FORT LAUDEDDALE EL 00004					ET ADDRESS			
					ST-ZIP		☐ Change ☐ Addi	
TITLE			LL DELETE	2.1 TITLE 2.2 NAME			C circuito C viaci	
NAME					ET ADDRESS		_	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	• .	<u></u>	2.4 CITY-				
CITY-ST-ZIP				F OIL	A1F1			

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6.4 CITY-ST-ZIP 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpo Block 12 or Block 13 if chang

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME

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NAME

STREET ADDRESS

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Daytime Phone #

CR2E034 (11/98)

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Applied For Not Applicable

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