SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097128 (8)

DEKOPA MUSIC, INC.

## **FILED** Oct 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									19111 1944	. 11919 ILUUI IUI IUUI	
				762 CYPRESS FERN WAY CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS	S <b>Š</b> PAC	E	
								3. Date Incorporated or Qualified 12/02/1996			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	L	Applied For	
21				26				13-3925942	Not Applicable		
Suite Apl.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.	<b>75</b> Additional		
22 27								C. Commode of States Scotted	F	e Required	
City & State				City & State				6. Election Campaign Financing	\$5	.00 May Be	
23				28				Trust Fund Contribution L Added to Fees			
Zip	<del></del>			Zip	Country			8. This corporation owes or has paid the current year Intangible			
24	25 29 30 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No					
				tered Agent		81	Name	10. Name and Address of New Registered	Agent		
CORPORATION SERVICE COMPANY						10.	1 TOUTION				
1201 HAYS STREET						82	Street Add	dress (P.O. Box Number is Not Acceptable)			
TALL	Laha <b>s</b> see f	FL 32301-2525				83	<del> </del>				
						83					
						84	City		85	Zip Code	
							<u> </u>	<u>FL</u>	<u>- 1  </u>		
office or	regis <b>tere</b> d age	ons of sections 607.050 ent, or both, in the State th, and accept the oblig	of Floric	ia. Such change was	authoriz	ed by	the corporat	pration submits this statement for the purpose of clion's board of directors. I hereby accept the appo	n <b>ang</b> ing i <b>ntm</b> ent	its registered as registered	
SIGNATURE											
		printed name of registered age		· · · · · · · · · · · · · · · · · · ·			gent signature rec	quired when reinstating) DATE			
12.		OFFICERS AN	ID DIRE	CTORS	1;			ADDITIONS/CHANGES TO OFFICERS A	VD DIR	ECTORS IN 12	
TITLE	D			DELETE	1.1	TITLE			Cha	inge Addition	
NAME	KING, DIAI				1.2	NAME					
STREET ADDRESS		RESS FERN WAY			1.3	STREET	ADDRESS				
CITY-ST-ZIP	CORAL SP	RINGS FL 33065				CITY-S	T-ZIP				
TITLE				DELETE	2.1	TITLE			L Cha	nge Addition	
NAME					2.2	NAME					
STREET ADDRESS					2.3	STREET	ADDRESS	:	Na.		
CITY-ST-ZIP						CITY-S	r-ZIP		19.		
TITLE				DELETE	- 1	TITLE			Cha	nge Addition	
NAME					3.2	NAME					
STREET ADDRESS					3.3	STREET	ADDRESS				
CITY-ST-ZIP						CITY-S	r-ZIP		<b>186</b>		
TITLE				DELETE		TITLE			L Che	inge Addition	
NAME	}				4.2	NAME					
STREET ADDRESS					4.3	STREET	ADDRESS				
CITY-ST-ZIP						CITY-ST	-ZIP		-		
TITLE	1			DELETE	5.1	TITLE			Cha	nge Addition	
NAME					5.2	NAME					
STREET ADDRESS					5.3	STREET	ADDRESS				
CITY-ST-ZIP					5.4	CITY-S1	-ZIP		_		
TITLE				DELETE	6.1	TITLE			Cha	nge Addition	
NAME					6.2	NAME					
STREET ADDRESS					63	STREET	ADDRESS				
CITY-ST-ZIP					6.4	CITY-S1	-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 attackment with an address.

CICNATURE:

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