

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000099459 (5)**

1. Corporation Name

QUALITY CHOICE MUSIC DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

**25 SOUTH S.R. 7
PLANTATION FL 33317**

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PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1996** 3a. Date of Last Report

4. FEI Number Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **777 E. OAKLAND PARK BLVD**

Suite, Apt. #, etc.

22

City & State

23 **OAKLAND PARK, FL**

Zip

24 **33334**

Country

25 **USA**

2a. Mailing Address

27 **777 E. OAKLAND PARK BLVD**

Suite, Apt. #, etc.

28

City & State

28 **OAKLAND PARK, FL**

Zip

29 **33334**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PAULL, LARRY
25 SOUTH S.R. 7
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

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

83 **777 E. OAKLAND PARK BLVD.**

84

84 City **OAKLAND PARK, FL**

85 Zip Code **33334**

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, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

LARRY PAULL, PRESIDENT 9-15-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PAULL, LARRY**
STREET ADDRESS **25 SOUTH S.R. 7**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **777 E. OAKLAND PARK BLVD.**
1.4 CITY-ST-ZIP **OAKLAND PARK, FL 33334**

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 a 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]* **LARRY PAULL 9-15-97** **954-511-2400**

CP2E034 (4/97)