

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90155 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000043922**

1. Corporation Name
LIFE SUPPORT MUSIC, INC.



Principal Place of Business
**1713 ACME ST
ORLANDO FL 32805
US**

Mailing Address
**1713 ACME ST
ORLANDO F 32805
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 808 BAMBI AVE. Suite, Apt. #, etc. 22 City & State 23 ALTAMONTE SPRINGS, FL Zip 24 32714 Country 25 SEMINOLE	2a. Mailing Address 26 PO BOX 555488 Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32855-5488 Country 30 ORANGE
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3. Date Incorporated or Qualified 05/14/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3457424	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALLEN & DILL PA
1515 SO. ORLANDO AVE
STE X.
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, FRANK T	1.2 NAME	
STREET ADDRESS	220 COMPETITION DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMNITZ, TERRY	2.2 NAME	
STREET ADDRESS	233 RED ROSE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODIE, JILL T	3.2 NAME	
STREET ADDRESS	1055 ROYAL OAKS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D BRODIE, ALBERT J.
STREET ADDRESS		4.3 STREET ADDRESS	1055 ROYAL OAKS DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D BRODIE, DAVID G.
STREET ADDRESS		5.3 STREET ADDRESS	808 BAMBI AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE:

Jill T. Brodie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

407-884-4113
Daytime Phone #

CR2E034 (11/98)