

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90028 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000046265**

1. Corporation Name

**PERRY MUSIC CO., INCORPORATION**

Principal Place of Business

**1733 SW BILTMORE  
PORT ST LUCIE FL 34984  
US**

Mailing Address

**2303 ORANGE AVE.  
PORT ST LUCIE FL 34984  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/22/1997**

4. FEI Number

**65-0761479**

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 the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** **1733 SW BILTMORE**

Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30** **ST. LUCIE**

9. Name and Address of Current Registered Agent

**CRIBBS, RALPH E  
2303 ORANGE AVE.  
FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

**81** Name

**PATEL, NAYAN**

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

**35 BUXTON LN**

**83**

**84** City

**BOYNTON BEACH**

**FL**

**85** Zip Code

**33462**

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

*R. V. Patel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/8/99**

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE

NAME **CRIBBS, RALPH E**  
STREET ADDRESS **17 CASTLE CT.**  
CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE **P** ☐ DELETE

NAME **RAJESH PATEL**  
STREET ADDRESS **49848 COOKE AVE**  
CITY-ST-ZIP **PLYMOUTH MI 48170**

TITLE **S** ☐ DELETE

NAME **NAYAN PATEL**  
STREET ADDRESS **35 BUXTON LN**  
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **T** ☐ DELETE

NAME **JEFFREY BERNING**  
STREET ADDRESS **16221 131 ST TERRACE**  
CITY-ST-ZIP **JUPITAR FL 3478**

TITLE **D** ☐ DELETE

NAME **BAKUC PATEL**  
STREET ADDRESS **6956 NW JOGERSON RD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

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

1.4 CITY-ST-ZIP

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

**D/V**

**BAKUL PATEL**

**373 MEJESTIC**

**PORT ST LUCIE, FL 34984**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/99**

Date

Daytime Phone #

**(561) 343-8004**

CR2E034 (11/98)