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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN -5 PM 3: 52 DOCUMENT # P97000052424 (3) SECRETARY OF STATE TALLAHASSEE, FLORIDA PIANO EXCHANGE GROUP, INC. Mailing Address Principal Place of Business 232 2ND AVENUE NORTH 232 2ND AVENUE NORTH ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1997 2, Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apl. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Zip Country  $Z_{10}$ Country 8. This corporation owes or has paid the current year Intangible Yes Personal Properly Tax due June 30. 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BACION, DAVID A ESQ 2959 FIRST AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33713 83 84 City 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 chango 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 agest and tale if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 1011 ☐ Change Addition PENDERGAST, WILLIAM 1.2 NAME NAME STREET ADDRESS 232 2ND AVENUE NORTH 1.3 STREET ADDRESS ST PETERSBURG FL 33701 1.4 CITY - ST-ZIP CITY-SI-Z DELETE ☐ Change ☐ Addition 21 TITLE TITLE 900002552779---8 BARNES, ROBERT NAME 2.2 NAME 232 2ND AVENUE NORTH STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 ST PETERSBURG FL 33701 2. 4 CITY-SI-ZIP CITY-ST-ZIP DITEIL Change Addition TITLE 3.1 TITLE BRYANT, EARL EUGENE NAME 3.2 NAME 232 2ND AVENUE NORTH 3.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33701 CITY-ST-ZIP 3.4. CITY - ST - 2IP DITTE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I fur her certificated 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 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 certify that the information eath; that i am an Block 12 or Block 13 if changed, or on an altachment with an address. (813)823 3839 CEALOU SIGNATURE: