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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P97000074305 (8)

PIANO TECH, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		
9051 TAMIAMI TRL. N. Naples fl 34108		9051 TAMIAMI TRL. N.		
		NAPLES FL 34108		DO MOT INDITE IN THIS PRACE
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address				08/22/1997 4. FEI Number Applied For
<u> </u>		-		16 0001605
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22		<u>├</u>		5. Certificate of Status Desired See Required Fee Required
City & State	<u> </u>	City & State		
23	Š	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curi		1001	10. Name and Address of New Registered Agent
Rit	INGS, LAUREN		81 Name	
	51 TAMIAMI TRL. N.			
NAPLES FL 34108			82 Street A	Address (P.O. Box Number is Not Acceptable)
HA	LEW IL OTION		63	
			64 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Sta	tutes the above-named	
office or r	egistered agent, or both, in the Stamman familiar with, and accept the ob-	ate of Florida, Such change wa	is authorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	m tarmilar with, and accept the ob	ligations of, Section 607.0505,	Fiorida Statutes.	
SIGNATURE	Signature, typod or printed name of registered	Agent and title if applicable (N	IOTE: Registered Agent signature	required when reinstating) DATE
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	BILLINGS, LAUREN		1.2 NAME	
STREET ADDRESS	241 PERKINS		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119		1.4 CITY-ST-ZIP	
TITLE		☐ DELE te	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADORESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME	1		6.2 NAME	
STREET ADDRESS	1,		6.3 STREET ADDRESS	
CITY-ST-ZIP	ef.		6.4 CITY - ST - ZIP	
14 I hereby o	ertify that the information supplied	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or o	on this annual report or suppleme director of the corporation or the re	ntal annual report is true and a aceiver or trustee empower ed t	iccurate and that my sigr to execute this report as	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in
Block 12	or Block 13 if changed, or on an at	ttachment with an address.	•	
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