


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

05-06-1999 90021 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000074305</b> 1. Corporation Name <b>PIANO TECH, INC.</b>					
Principal Place of Business <b>9051 TAMiami TrL. N.</b> <b>NAPLES FL 34108</b>			Mailing Address <b>9051 TAMiami TrL. N.</b> <b>NAPLES FL 34108</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>08/22/1997</b>					
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>				4. FEI Number <b>65-0781595</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>BILLINGS GREG G.</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>9051 TAMiami TRAIL N.</b> <b>83</b> SUITE # 201 <b>84</b> City <b>NAPLES</b> <b>FL</b> <b>85</b> Zip Code <b>34108</b>		
9. Name and Address of Current Registered Agent <b>BILLINGS, LAUREN</b> <b>9051 TAMiami TrL. N.</b> <b>NAPLES FL 34108</b>					
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 <b>LAUREN BILLINGS</b> VICE PRESIDENT DATE <b>5/18/99</b> (NOTE: Registered Agent signature required when re-registering)					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE <b>D</b> NAME <b>BILLINGS, LAUREN</b> STREET ADDRESS <b>241 PERKINS</b> CITY-ST-ZIP <b>NAPLES FL 34119</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE <b>BILLINGS, GREG G.</b> 1.2 NAME <b>1415 PELICAN AVENUE</b> 1.3 STREET ADDRESS <b>NAPLES - FL - 34102</b> 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)