

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080008 (0)

1. Corporation Name

BEACHSIDE VIOLIN ACADEMY & REPAIRS, INC.

Principal Place of Business

Mailing Address

599 SHERWOOD AVENUE
NO. 208
SATELLITE BEACH FL 32937

599 SHERWOOD AVENUE
NO. 208
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3468945

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1227 S. PATRICK DR

Suite, Apt. #, etc.

22 #205

City & State

23 SATELLITE BEACH FL

Zip

24 32937

Country

25 USA

2a. Mailing Address

26 297 HWY A1A #413

Suite, Apt. #, etc.

27 #413

City & State

28 SATELLITE BEACH FL

Zip

29 32937

Country

30 USA

9. Name and Address of Current Registered Agent

KLIM, JENNIE LOU
599 SHERWOOD AVENUE
NO. 208
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

KLIM, JENNIE LOU

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

1227 S. PATRICK DR.

83

#205

84 City

SATELLITE BEACH FL

85 Zip Code

32937

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

Jennie Lou Klim

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 24, 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KLIM, JENNIE LOU
STREET ADDRESS 297 HWY A1A #413
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME D KLIM, PAUL R
STREET ADDRESS 297 HWY A1A #413
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE Jennie Lou Klim

March 24, 1998 407 273 7904

CP2E034 (10/97)