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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700080008

1. Corporation Name

CITY-ST-ZIP

BEACHSIDE VIOLIN ACADEMY & REPAIRS, INC.

Principal Place of Business Mailing Address								3111 66111 68111	
1227 S PATRIC	K DR	297 HWY-AIA 380 RIO LANE			NE				
#205	., -,	#413 INDIALANTIC, FL			<i>ا</i> ـــ	50 1107 1470	C 151 TUIO	CDACE	
SATELLITE BEA	ACH FL 32937	SATELLITE BEACH-FL-32937				DO NOT WRITE IN THIS SPACE			
US		US	٠,٠	-) L	\sim	3. Date Incorporated or Qualifed			
						09/12/1997		T A	anlied For
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			oplied For ot Applicable
21		26				<u>59-3468945</u>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certifcate of Status Desired			Additional equired
22		City & State							
City & Stat	e	City & State	 - 			Election Campaign Financing Trust Fund Contribution			May Be to Fees
23			Zip Country						10 003
Zìp	Country Zip			′		8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29 3	ן סי			10. Name and Address of New R			
	9. Name and Address of Curre	nt Registered Agent	81	N	lame	10. Hame and Address of New N	ogioto.ou ,	.30.11	
KIIM	LIENNIE LOLI		Ľ.				_		
KLIM, JENNIE LOU 1227 S PATRICK DR				S	treet Addres	ess (P.O. Box Number is Not Acceptable)			
1				-					
#20	ellite Beach FL 32937		83					•	. }
SAII	ELLITE DEACH FL 3293/		84	1 c	City	-		85 Zip	Code
_							<u> </u>		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	the abov	e-na	amed corpor	ration submits this statement for the r's board of directors. I bereby acces	purpose of a	changing its	; registered eaistered
office of r	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes	s.	corporation	o board of an oddoror moreo, accept	··		
SIGNATURE									
SIGNATORE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	Registered Age	nt sig	nature required v		DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D DELETE		1.1 TITLE					Change	☐ Addition
NAME	KLIM, JENNIE LOU	0.	1.2 NAME						
STREET ADDRESS	-297 HWY A1A #413 380 Rio Lane 32903		1.3 STREE	1.3 STREET ADDRESS					:
CITY-ST-ZIP	SATELLITE BEACH FL 32937 Indialantic FL		1.4 CITY+ST-ZIP		2				
TITLE	D DELETE		2.1 TITLE	2.1 TITLE				☐ Change	☐ Addition
NAME	KLIM, PAUL R		2.2 NAME						
STREET ADDRESS	2790:		2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-ST-ZIP						
TITLE			3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADI	DRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZI	iP			_	
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	14		4.2 NAME	4. 2 NAME					
STREET ADDRESS			4.3 STREE		ORESS				
				4.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE				5.1 TITLE			_	☐ Change	☐ Addition
		<u> </u>	5.2 NAME						
NAME			5.3 STREE		DRESS				
STREET ADDRESS			5.4 CITY-5		1				·
CITY-ST-ZIP			6.1 TITLE					Change	☐ Addition
TITLE			6.2 NAME						
NAME					nesse				
STREET ADDRESS	1		6.3 STREE	LIAD	PIVEOD				

14. 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.

6.4 CITY-ST-ZIP