

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90227 006 ***150.00

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1. Corporation Name

PIPER HIGH SCHOOL BAND PARENTS ASSOCIATION INC.

Principal Place of Business

8000 NW 44TH ST
SUNRISE FL 33351

Mailing Address

8000 NW 44TH ST
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

65-0802951

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

DECARREAU, PAM
11511 NW 29TH ST
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MALCOLM, PHILLIP
STREET ADDRESS 8000 NW 44TH ST
CITY-ST-ZIP SUNRISE FL 33351

☒ DELETE

TITLE P
NAME PALANGE, PATTI
STREET ADDRESS 8000 NW 44TH ST
CITY-ST-ZIP SUNRISE FL 33351

☒ DELETE

TITLE V
NAME OBERHOLTZER, RON
STREET ADDRESS 8000 NW 44TH ST
CITY-ST-ZIP SUNRISE FL 33351

☒ DELETE

TITLE V
NAME CAMEJO, LETTIE
STREET ADDRESS 8000 NW 44TH ST
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME FRIEDMAN, MIKE

1.3 STREET ADDRESS 8000 NW 44 ST

1.4 CITY-ST-ZIP SUNRISE FL 33351

2.1 TITLE PRESIDENT ☐ Change ☒ Addition

2.2 NAME ~~WOOTEN~~ WOOTEN, KIM

2.3 STREET ADDRESS 8000 NW 44 ST

2.4 CITY-ST-ZIP SUNRISE FL 33351

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

3.2 NAME BISKUP, VIRGIE

3.3 STREET ADDRESS 8000 NW 44 ST

3.4 CITY-ST-ZIP SUNRISE FL 33351

4.1 TITLE TREASURER ☒ Change ☐ Addition

4.2 NAME CAMEJO, LETTIE

4.3 STREET ADDRESS 8000 NW 44 ST

4.4 CITY-ST-ZIP SUNRISE FL 33351

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

2/3/99

Date

954 572 1337

Daytime Phone #

CR2E034 (11/98)