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PROFIT CORPORATION ANNUAL REPORT

1998



IL ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000093090 (3) **DOCUMENT #**

SCHOENHUT PIANO COMPANY, INC.

Principal Place of Business Mailing Address 802 A1A BEACH BLVD 802 A1A BEACH BLVD ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084

FILED May 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 Personal Properly Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent TRINCA, LEONARD P 81 Name 802 A1A BEACH BLVD 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0902 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regularies accordant to all applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE TITLE TRINCA, LEONARD P 1.2 NAME NAME 802 A1A BEACH BLVD STREET ADDRESS 1.3 STREET ADDRESS **ST AUGUSTINE FL 32084** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 1/118 TITLE trinca, renee l NAME 2.2 NAME 802 A1A BEACH BLVD STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETÉ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 64 CiTY-ST-7IP

14. Thereby certify that the information supplied with this filling 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.

4-23-98