

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90057 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000035484
Corporation Name

BETTELLI MUSICA INC

Principal Place of Business Mailing Address
1510 A MEADOWCREST BLVD **PO BOX 10,000**
CRYSTAL RIVER, FL 34429 **CRYSTAL RIVER, FL 34423**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. Date 4/20/98	
22 City & State		27 City & State		4. FEI Number 59-3516224	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLSEN, ELIZABETH M.				81 Name			
1510A MEADOWCREST BLVD				82 Street Address (P.O. Box Number is Not Acceptable)			
CRYSTAL RIVER, FL 34429				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE PT <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2. NAME OLSEN, ELIZABETH M.				1.2 NAME			
3. STREET ADDRESS 1510A MEADOWCREST BLVD				1.3 STREET ADDRESS			
4. CITY-ST-ZIP CRYSTAL RIVER, FL 34429				1.4 CITY-ST-ZIP			
5. TITLE V <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6. NAME FRANZWA, ELLEN				2.2 NAME			
7. STREET ADDRESS 1510A MEADOWCREST BLVD				2.3 STREET ADDRESS			
8. CITY-ST-ZIP CRYSTAL RIVER FL 34429 <input type="checkbox"/> DELETE				2.4 CITY-ST-ZIP			
9. TITLE <input type="checkbox"/> DELETE				3.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
10. NAME				3.2 NAME TAYLOR, MARINA			
11. STREET ADDRESS				3.3 STREET ADDRESS 1510A MEADOWCREST BLVD			
12. CITY-ST-ZIP				3.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34429			
13. TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. NAME				4.2 NAME			
15. STREET ADDRESS				4.3 STREET ADDRESS			
16. CITY-ST-ZIP				4.4 CITY-ST-ZIP			
17. TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
18. NAME				5.2 NAME			
19. STREET ADDRESS				5.3 STREET ADDRESS			
20. CITY-ST-ZIP				5.4 CITY-ST-ZIP			
21. TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22. NAME				6.2 NAME			
23. STREET ADDRESS				6.3 STREET ADDRESS			
24. CITY-ST-ZIP				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: *Elizabeth M. Olsen* SIGNATURE REQUIRED

4/30/99 (352) 795-2505