

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

DOCUMENT # P98000051046

1. Corporation Name
CADENZA CORP.

Principal Place of Business
4848 SAN JOSE DRIVE
SARASOTA FL 34235

Mailing Address
4848 SAN JOSE DRIVE
SARASOTA FL 34235

2. Principal Place of Business 21 <i>541 BIRD Bay Plaza</i>	2a. Mailing Address 26 <i>359 WOODVALE DR</i>	3. Date Incorporated or Qualified 06/08/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0841643
City & State 23 <i>VENICE FL</i>	City & State 28 <i>VENICE FL</i>	5. Certificate of Status Desired □ \$8.75 Additional Fee Required
Zip 24 <i>34293</i>	Zip 29 <i>34293</i>	6. Election Campaign Financing Trust Fund Contribution □ \$5.00 May Be Added to Fees
Country 25	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. □ Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

RUEHLEN, JAY M
4848 SAN JOSE DRIVE
SARASOTA FL 34235

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City <i>FL</i>	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		
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		1.2 NAME		
CITY-ST-ZIP		1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP		3.3 STREET ADDRESS		
		3.4. CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 941-484-7717
Daytime Phone #

CR2E034 (11/98)

WPS9510