## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S90237

(6)

FLORIDA MUSIC & ENTERTAINMENT, INC.

Principal Place		Mailing Address			er came deden memit Milit Bratt Milit Milit Milit 1881
1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069		1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069			
				3. Date Incorporated or Qualified 10/28/1991	3a. Date of Last Report 04/04/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21] Suita, Apt. #	olo	26		65-0294797	Not Applicable
City & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		Orty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes 📉 Yes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	glatered Agent
MINIACI, ALBERT J.			81 Name		
	.W. 31ST AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
_	NO BEACH FL 33069		83		
			<b>84</b> City		FL 85 Zip Code
SIGNATURE	, and accept the obligations of, Sect டி சிரு நேல எற்கிர் என்றிருந்தை ஞா	ion bor.0505, Fidinga Statute	OTE Brigistered Agent signature require	ration submits this statement for the purpard of directors. I hereby accept the appointment of the purpard of t	ntment as registered agent. I am
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
Till F	P	□ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAMr	MINIACI, ALBERT J. 1411 S.W. 31ST AVE.		1.2 NAME		
STRUET ASSESS	POMPANO BEACH FL		1.3 STREET ADDRESS		
CHY-ST ZIP	ם בייניים ביינים ביינים ביינים ביינים ביינים ביינים ביינים בייניים ביינים ביינים ביינים ביינים ביינים	☐ DELETE	1.4 CHY-ST-ZIP		
NAME	MINIACI, DOMINICK F.	[ ] DÉLETE	2.1 TITLE		Change Addition
STALL LADDRESS	821 E. BROWARD BLVD.		2.2 NAME 2.3 STHEET ADDRESS		
CHY S1-Ziř	FT. LAUDERDALE FL		2.4 City-S1-ZiP		
יוור יין יי		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CL > 51-70F	and the second s		3 4 CITY - ST - ZIP		
ELLE NAME		☐ DELETE	4 1 TITLE		Change Addition
STRELLADDRESS			4.2 NAME		
Sifty - \$1 - 70F			4.3 STREET ADDRESS		
THIF		[] DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		C) Change C Addition
yAMi.		<u> </u>	5.2 NAME		☐ Change ☐ Addition
STEPET ASSURESS			5 3 STREET ADDRESS		
Hr-St Zie			5 4 CITY - ST - ZIP		
list		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREE ADDRESS			6.3 STHEET ADDRESS		
0th - \$1-7at   <b>14</b> . T <i>d</i> o hereby a	control that the information arreal as	with this files is a last at the	6 4 CITY - ST - ZiP		
oath, that La		ration or the receiver or truste	uai report is true and accura e empowered to execute thi	or the exemption stated in Section 119.0 te and that my signature shall have the sa s report as required by Chapter 607, Flori	

SIGNATURE:

EIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

1/23/96 (954) 978-0500