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

**PROFIT** CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90113 027 \*\*\*158.75

	1333				04-07-1999 90	113 02/ 1136	/3
DOCUN 1. Corporation	MENT # S90237	C	a arug	( a2.			
	MUSIC & ENTERTAINMENT	T. INC.	e =	- 44			
LOINDA	MOOIO & EITEITIMANEIT	1, 1110	ewe a Sar	), , -			
			3	3   22   09			
Principal Place	e of Business	Mailing Address	3.	V.			
1411 S.W. 31ST AVENUE 1411 S.W. 31ST AVENU			₹?)				
POMPANO BEA	CH FL 33069	POMPANO BEACH FL	علا		DO NOT WRITE	IN THIS SPACE	
		Ĺ	<del></del>		orporated or Qualifed		
	,				28/1991		
2. Principal Place of Business 2a. Mailing Address				"		Applied For	
26     Suite. Apt. #, etc.   Suite, Apt. #, etc.			<u> </u>	\$8.75 Addit		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #		<del></del>		5, Cer	5. Certificate of Status Desired Fee Required		
City & State City & State			6. Election Campaign Financing \$5.00 May Be				
23	28 28		, + <b>-</b> -	Trust Fund Contribution Added to Fees			
Zip			Country	8. This corporation owes the current year Intangible			
24	25	29 30	<u> </u>		sonal Property Tax. ne and Address of New Re	☐ Yes	LINO
<del></del>	g. Name and Address of Current	Registered Agent	81 Name		He and Address of New Yes	gistered Agent	
MINIACI, ALBERT J.							
	S.W. 31ST AVENUE	82 Stree	l Address (P.O. I	Box Number is Not Acceptabl	6)		
POMPANO BEACH FL 33069			83				
			84 City			85 Zip	Code
	·		1 1 - 3			FL   '	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	orized by the con	d corporation sub poration's board	omits this statement for the pu of directors. I hereby accept t	rpose of changing it the appointment as r	s registered egistered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.				]
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Agent signature	required when reinsta	ing)	DATE	}
12.	OFFICERS AND		13.		TIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		,	☐ Change	Addition
NAME	MINIACI, ALBERT J.		1.2 NAME				
STREET ADDRESS	1411 S.W. 31ST AVE.		1.3 STREET ADDRESS	5			
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP			Chance	Addition
TITLE	D DOMESTICK E	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	MINIACI, DOMINICK F.		2.2 NAME	.]			Ì
STREET ADDRESS	821 E. Broward Blvd. Ft. Lauderdale Fl. 33301		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	`			ŀ
CITY-ST-ZIP	F1. LAUDERDALE FL 33301	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME .	,	—	3.2 NAME			- •	1
STREET ADDRESS			3.3 STREET ADDRESS	s	• 4		
CITY-ST-ZiP			3.4. CITY-ST-ZIP				
τιπιΕ		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET ADDRESS	S		•	ţ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP			Change	Addition =
TITLE	G. T.	□ Defete	5.1 TITLE 5.2 NAME			onange	
NAME STREET ADDRESS	·		5.3 STREET ADDRESS	s			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	S			
CITY-ST-ZIP			6.4 CITY+ST+ZIP	1.			

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 of 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: