

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1995 8-195

B-8023-C

DOCUMENT # V10298

(0)

1. Corporation Name

ENCORE MUSIC EMPORIUM, INC.

Principal Place of Business

Mailing Address

6229 RIDGE ROAD
PORT RICHEY FL 34668-5348

6229 RIDGE ROAD
PORT RICHEY FL 34668-5348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1992

3a. Date of Last Report

05/17/1994

4. FEI Number

59-3110836

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 11906 U.S. 19

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

23 PORT RICHEY

City & State

27

Zip

24 FL

Country

25 USA

Zip

26 34668

Country

30

9. Name and Address of Current Registered Agent

LUND, DIANE N.

6229 RIDGE ROAD 11906 U.S. 19
PORT RICHEY FL 34668-5348

10. Name and Address of New Registered Agent

81 Name

DIANE N. LUND

82 Street Address (P.O. Box Number is Not Acceptable)

11906 U.S. 19

83

84 City

PORT RICHEY

FL

85 Zip Code

34668

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

Diane N. Lund

DIANE N. LUND

7/25/95

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LUND, DIANE N.
10014 GROVE DR
PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HUPP, NANCY V.
12312 OAKWOOD
HUDSON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

Diane N. Lund

DIANE N. LUND

7/25/95

(813) 862-2782

(Signature and typed or printed name of signing officer or director)

Date

Telephone (Area #)

FILED
95 AUG -1 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA