

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V10298** (0)
1. Corporation Name
ENCORE MUSIC EMPORIUM, INC.



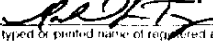
Principal Place of Business 11806 U.S.19 PORT RICHEY FL 34668 US	Mailing Address 11806 U.S.19 PORT RICHEY FL 34668 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11614 US 19 Suite, Apt. #, etc. 22 City & State 23 Port Richey FL Zip 24 34668		2a. Mailing Address 26 11614 US 19 Suite, Apt. #, etc. 27 City & State 28 Port Richey FL Zip 29 34668		3. Date Incorporated or Qualified 01/27/1992	
Country 25 USA		Country 30 USA		4. FEI Number 59-3110836 Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LUND, DIANE 10014 GROVE DRIVE PORT RICHEY FL 34668				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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  DATE **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUND, DIANE N.			1.2 NAME	MICHAEL TRAPANI		
STREET ADDRESS	10014 GROVE DR			1.3 STREET ADDRESS	7810 JUDITH CRESCENT		
CITY-ST-ZIP	PORT RICHEY FL 34668			1.4 CITY-ST-ZIP	PORT RICHEY FL 34668		
TITLE	VT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	EDWARD DLUGOKINSKI	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUPP, NANCY V.			2.2 NAME	11211 GLOVER ROAD		
STREET ADDRESS	12312 OAKWOOD			2.3 STREET ADDRESS	PORT RICHEY FL 34668		
CITY-ST-ZIP	HUDSON FL 34669			2.4 CITY-ST-ZIP	VIZE PRESIDENT		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	BRIAN TRAPANI		
STREET ADDRESS				3.3 STREET ADDRESS	7810 JUDITH CRESCENT		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	PORT RICHEY FL 34668		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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.

SIGNATURE:  DATE **4/28/98**

CR2E034 (10/97)