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

STREET ADDRESS

**FILED PROFIT** Apr 03 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 510050 (8) HARRICK MUSIC, INC. Mailing Address Principal Place of Business 4770 BISCAYNE BLVD 4770 BISCAYNE BLVD SUITE 900 SUITE 900 DO NOT WRITE IN THIS SPACE MIAMI FL 33137 MIAMI FL 33137 3. Date Incorporated or Qualified 08/06/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-1688310 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 8, Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ZEMEL, FRANKLIN L ESO **2875 NE 191ST STREET** Street Address (P.O. Box Number is Not Acceptable) SUITE 304 **AVENTURA FL 33180** 64 Zip Code City 85 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 regularist agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DELETE 11 TITLE TITLE CASEY, HARRY W NAME 1.2 NAME 4770 BISCAYNE BLVD, 900 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 2.1 TITLE TITLE ADLER, MARTHA 2.2 NAME NAME 4770 BISCAYNE BLVD 900 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP \_\_\_ DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change \_\_\_ Addition 6.1 TITLE TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

> > 3-30-98

305-576-5655

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 suppliemental 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 objectation 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 grayged, or on any attachment with an address.

MANY HOLLON MARTHA C