


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735129** (9)

1. Corporation Name

**KING HIGH SCHOOL MUSIC CLUB, INC.**

Principal Place of Business

Mailing Address

% KING HIGH SCHOOL  
6815 NORTH 56TH STREET  
TEMPLE TERRACE FL 33617

PO BOX 290012  
TEMPLE TERRACE FL 33687-0012  
US



3. Date Incorporated or Qualified **03/04/1976** 3a. Date of Last Report **03/28/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, JOHN M**  
**6407 S. QUEENSWAY DRIVE**  
**TEMPLE TERRACE FL 33617**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, JOHN M</b>	1.2 NAME	
STREET ADDRESS	<b>6407 S. QUEENSWAY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, CHERYL M.</b>	2.2 NAME	
STREET ADDRESS	<b>6407 S QUEENSWAY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERTS, ELIZABETH</b>	3.2 NAME	<b>Denise Novo</b>
STREET ADDRESS	<b>9707 HOLLYRIDGE PLACE</b>	3.3 STREET ADDRESS	<b>1904 Crown park Dr.</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	3.4 CITY-ST-ZIP	<b>Valrico, FL. 33594</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALDEN, ERIC</b>	4.2 NAME	<b>Jill Curry</b>
STREET ADDRESS	<b>10908 MONTROSE AVE</b>	4.3 STREET ADDRESS	<b>209 Willowick Av.</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	4.4 CITY-ST-ZIP	<b>Temple Terrace, FL 33617</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSTON, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>6304 113TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, MARY</b>	6.2 NAME	
STREET ADDRESS	<b>3209 KING CHARLES COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ REQUIRED

4-29-97

Date

Daytime Phone # 0049386

CR2E037 (9/96)