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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735129

1. Corporation Name

KING HIGH SCHOOL MUSIC CLUB, INC.

Principal Place of Business

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

Mailing Address

PO BOX 290012
 TEMPLE TERRACE FL 33687
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/04/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Chris Griffin**
 82 Street Address (P.O. Box Number is Not Acceptable) **3209 King Charles Circle**
 83 **Seffner**
 84 City **Seffner** **FL** 85 Zip Code **33584**

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

Chris Griffin

(NOTE: Registered Agent signature required when reinstating)

1-25-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KING, JOHN M	1.2 NAME	Chris Griffin , Chris
STREET ADDRESS	6407 S. QUEENSWAY DRIVE	1.3 STREET ADDRESS	3209 King Charles Circle
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	1.4 CITY-ST-ZIP	Seffner, FL 33584
TITLE	VPD	2.1 TITLE	VPD
NAME	KING, CHERYL M.	2.2 NAME	Hamilton, Linda
STREET ADDRESS	6407 S QUEENSWAY DR	2.3 STREET ADDRESS	9309 Alanbrooke Dr.
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	S	3.1 TITLE	VPD
NAME	TERRY ANN ZIELINSKI	3.2 NAME	Sloper, Brent
STREET ADDRESS	4703 DUNQUIN PL	3.3 STREET ADDRESS	1915 47th St. South
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	TD	4.1 TITLE	
NAME	CURRY, JILL	4.2 NAME	
STREET ADDRESS	209 WILLOWICK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JOHNSTON, MICHAEL	5.2 NAME	
STREET ADDRESS	6304 113TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GRIFFIN, MARY	6.2 NAME	
STREET ADDRESS	3209 KING CHARLES COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	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 617, 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:

J. R. Curry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/99

980-3140(43)

Date Daytime Phone

CR2E037 (11/98)