

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 188692

(8)

95 JAN 13 AM 9: 08

1. Corporation Name
KELLER MUSIC COMPANY

Principal Place of Business
**1506 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804-6103**

Mailing Address
**1506 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804-6103**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/01/1955** 3a. Date of Last Report **02/08/1994**

4. FEI Number **59-0762430** 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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN ROY KELLER
513 BARCLAY AVE.
ALTAMONTE SPRINGS FL 32701**

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

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, ALICE C	12 NAME	
STREET ADDRESS	724 ENSENDA DR	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
TITLE	VS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, HOLLY E	22 NAME	
STREET ADDRESS	12310 KIRBY SMITH RD.	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	VT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, MARTIN R	32 NAME	
STREET ADDRESS	513 BARCLAY AVE.	33 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 199.02(3)(b), 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 or attached, or on an attachment with its address.

SIGNATURE: *Martin R Keller* DATE: *1/6/95* 407 841-4251
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR