

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY 21 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 358106 (3)

1. Corporation Name

SPEC'S MUSIC, INC.

Principal Place of Business

1666 N.W. 82ND AVE.
P.O. BOX 520248
MIAMI FL 33152-0248

Mailing Address

1666 N.W. 82ND AVE.
P.O. BOX 520248
MIAMI FL 33152-0248

3. Date Incorporated or Qualified
01/15/1970

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-1362127

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEFF, ANN S.
1666 N.W. 82ND AVE.
MIAMI FL 33125

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	TURK, CYNTHIA C	
STREET ADDRESS	1001 S. BAYSHORE DR. #1806	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	DS	DELETE
NAME	SPECTOR, DOROTHY	
STREET ADDRESS	6900 BARQUERA	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	PD	DELETE
NAME	LIEFF, ANN S.	
STREET ADDRESS	6775 SW 101 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	VTD	DELETE
NAME	ZACKS, ROSALIND S	
STREET ADDRESS	6212 RIVERA RD	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	HERTZ, ARTHUR	
STREET ADDRESS	3195 PONCE DE LEON BLVD.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	TURKEL, LEONARD	
STREET ADDRESS	2871 OAK AVENUE	
CITY- ST- ZIP	COCONUT GROVE FL	

1.1 TITLE	D/C	Change	Addition
1.2 NAME	Gibbons, Barry J.		
1.3 STREET ADDRESS	6665 SW 69th Lane		
1.4 CITY- ST- ZIP	Miami, FL 33143		
2.1 TITLE	D	Change	Addition
2.2 NAME	Spector, Martin		
2.3 STREET ADDRESS	6900 Barquera Street		
2.4 CITY- ST- ZIP	Coral Gables, FL 33146		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 119.07(3)(k), 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:

Rosalind S. Zacks

Rosalind S. Zacks

5/20/96

(305) 592-7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)