

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

FILED

Jan 30 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 358106 (3)
1. Corporation Name
SPEC'S MUSIC, INC.

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| Principal Place of Business 1666 NW 82ND AVE MIAMI FL 33126 US | Mailing Address 1666 N.W. 82ND AVE. P.O. BOX 520248 MIAMI FL 33152-0248 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 01/15/1970 | |
| 4. FEI Number 59-1362127 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent LIEFF, ANN S 1666 N.W. 82ND AVE. MIAMI FL 33126 | | | | 10. Name and Address of New Registered Agent 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 signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|----------------------------|--|--|---|-------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | TURK, CYNTHIA S | | | 1.2 NAME | Richard J. Lampen | | |
| STREET ADDRESS | 1001 S. BAYSHORE DR. #1006 | | | 1.3 STREET ADDRESS | 100 SE 2nd Street, Suite 3200 | | |
| CITY - ST - ZIP | MIAMI FL 33131 | | | 1.4 CITY - ST - ZIP | Miami, Florida 33131 | | |
| TITLE | CD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GIBBONS, BARRY J | | | 2.2 NAME | | | |
| STREET ADDRESS | 6665 SW 69TH LANE | | | 2.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33143 | | | 2.4 CITY - ST - ZIP | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LIEFF, ANN S | | | 3.2 NAME | | | |
| STREET ADDRESS | 6775 SW 101 ST | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL | | | 3.4 CITY - ST - ZIP | | | |
| TITLE | VTD | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZACKS, ROSALIND S | | | 4.2 NAME | | | |
| STREET ADDRESS | 6212 RIVIERA RD | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | CORAL GABLES FL | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HERTZ, ARTHUR | | | 5.2 NAME | | | |
| STREET ADDRESS | 3195 PONCE DE LEON BLVD. | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | CORAL GABLES FL | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SPECTOR, MARTIN | | | 6.2 NAME | | | |
| STREET ADDRESS | 6900 BARQUERA STREET | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | CORAL GABLES FL 33146 | | | 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  REQUIRED

January 15, 1998 (305) 592-7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0173736

CR2E034 (10/97)