

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

APPROVED
AND
FILED

1996 MAY 21 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F54922 (2)

1. Corporation Name

SPEC'S MUSIC - 163RD STREET, 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
12/28/1981

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

4. FEI Number
59-2171325

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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 state if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	TURK, CYNTHIA C	1001 S. BAYSHORE DR. #1806	MIAMI FL 33131	<input type="checkbox"/>
TD	ZACKS, ROSALIND S	6212 RIVERA RD	CORAL GABLES FL	<input type="checkbox"/>
D	SPECTOR, MARTIN	6900 BARQUERA STREET	CORAL GABLES FL	<input type="checkbox"/>
D	SPECTOR, DOROTHY J.	6900 BARQUERA STREET	CORAL GABLES FL	<input checked="" type="checkbox"/>
D	HERTZ, ARTHUR	3195 PONCE DE LEON BLVD.	CORAL GABLES FL	<input type="checkbox"/>
D	TURKEL, LEONARD	2871 OAK AVENUE	COCONUT GROVE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P/D	Lieff, Ann S.	6775 SW 101 Street	Miami, FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	D/C	Gibbons, Barry J.	6665 SW 69th Lane	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosalind S. Zacks 5/20/96 (305) 592-7288
DATE DAYTIME PHONE

CR2E034 (12/95)