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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
05/21/1996

2. Principal Place of Business

21 1666 N.W. 82 Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Miami, Florida

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

24 Zip

25 Country

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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
TURK, CYNTHIA C
1001 S. BAYSHORE DR. #1808
MIAMI FL 33131

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TD
ZACKS, ROSALIND S
6212 RIVIERA RD
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
SPECTOR, MARTIN
6900 BARQUERA STREET
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD
LIEFF, ANN S
6775 SW 101 STREET
MIAMI FL 33156

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
HERTZ, ARTHUR
3195 PONCE DE LEON BLVD.
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

CD
GIBBONS, BARRY J
6865 SW 69TH LANE
MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

VTD

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosalind S. Zacks 2/11/97 305-592-7288

Date Daytime Phone #

CR2E034 (9/96)