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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000344 (9)

FILED Jan 22 1998 8:00am Secretary of State

MIKE	('S MUSIC, INC.								
						A CHARFAN BOUN CHILD DEASE ANDOLONGE	ENNIS BOLLE BRAN		1311 (18) 1881
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Principal Pla	ce of Business	Mailing Address				E HOURIUM DINE 1845U KINKI MUNIO ESTINE	Maria Maria Rusi	1 SELECT III ()	1811 3101 1601
9325 NW 50TH DORAL CIR N 9325 NW 50TH DORAL CI					j				
MIAMI FL 33178 MIAMI FL 33178					- 1				
US		US			ļ.	DO NOT WRIT		PACE	
1						3. Date Incorporated or Qualified			
2 Dringing 1	Diago of Diversion	1 0- 14-99 4				01/19/1996			
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt	# ata	26				34-1585977			ot Applicable
22	. #, e.c.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & Sta	to	City & State							equired
23		28			- 1	6- Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Country						to Fees
24	25	 	30			8. This corporation owes or has p			tangible No
	9. Name and Address of Current		30			Personal Property Tax due Jun 10. Name and Address of New R			140
ROBINSON, PERRY M.D. 81 Name 82 A COLOR OF									
	325 NW FIFTIETH				BRR				
4	ORAL CIRCLE NORTH FL 33178		. 82			s (P.O. Box Number is Not Accepte			
יט	JRAL CINCLE NURTH FE 331/6		83		7 2 2 3	NW 50 DORAL	CIR	<i>7</i> 0	
			84	City	00 1.4		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 507.0502	and 607 1609 Electeda Statuta	a the above	7	MIM	M (5	3178
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.									
agent, I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statutes	·		•			
SIGNATURE	Signature, typed or printed name of registered agent	and the Warrante	P				<u> </u>		
12.	OFFICERS AND		Registered Age	nt signature	required w	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	99 IN 12
TITLE	CPS	DELETE	1.1 TITLE	П		7.00 MONO/OF 241425 10 OF 1		Change	Addition
NAME	ROBINSON, PERRY M.D.	ay M D		10,000		RAY ROBINSON MO		_ •	, radinosi
STREET ADDRESS	9325 NW FIFTIETH		1.3 STREET	ADDRESS	97	325 NW SOTH DORAL	- cer 1	U	İ
CITY-ST-ZIP	DORAL CIRCLE NORTH FL 33	178				numi, pl 33178			
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STREET ADDRESS			2.3 STREET	1000000					
1									
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NAME		beter					ı	Change	L Addition
	notes		3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS									
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		☐ pereie	4.1 TITLE				Ł	unange	☐ Addition
NAME			4. 2 NAME						
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CITY-ST-ZIP	Florest			4.4 CITY-ST-ZIP				¬	F-1
TITLE		☐ DELETE	5.1 TITLE				I	Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				5.3 STREET ADDRESS					İ
CITY-ST-ZIP			5.4 CITY-ST	- 2IP					
TITLE		DELETE	6.1 TITLE	ĺ			Ĺ	Change	Addition
NAME			6.2 NAME						1
STREET ADDRESS			6.3 STREET #	DDRESS					1
CITY-ST-ZiP			6.4 CITY - ST	- ZIP					
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Indicated on this annual report or supplied with this faing does not quality 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:

LICINGLUISE DESCUIRED

1/05/98

305-594-1894