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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J22640 (3)

## KEYBOARD ACADEMY OF MUSIC, INC.

## FILED May 16 1997 8:00am Secretary of State

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** ELAINE CLARK 1913 CROTON RD. MELBOURNE FL 32935		Mailing Add	Mailing Address  * ELAINE CLARK  1313 CROTON RD.  MELBOURNE FL 32935-3161							
		1313 CROTO								
						3. Date Incorporated or Qualified 07/02/1986	3a. Date 05/01		Report	
<u> </u>	ace of Business	2a. Mailing	Addross			4. FEI Number		A	pplied For	
21		26				59-2694677		- <del></del>	lot Applicable	
Sulte, Apt.	#, <del>9</del> (C.	27 Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	3	City & S	tate			6. Election Campaign Financing		\$5.00	May Be	
23		28	~~~~			Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country	,	8. This corporation has liability for i			s. 199.032	
24	[25]	29		30	<del></del>		Yes			
	9. Name and Address of Cur	rent Hegistered Ag	eni	81	Namo	10. Name and Address of New Re	gisterea Ag	ent		
	K, ELAINE			[0]	I INATEIO					
	1313 CROTON RD. MELBOURNE FL 32935				Street Add	treet Address (P.O. Box Number is Not Acceptable)				
WELL	Journe Le 22423			63	l					
l .				84	City		FL	<b>85</b> Zir	Code	
agent I a	m familiar with, and accept the ot	oligations of, Section	607.0505, Flo	rida Statute	3.	rporation submits this statement for the pation's board of directors. I hereby acception with the patient of the patient when reinstating)	DATE	imienį a	s registered	
12.		AND DIRECTORS		13		ADDITIONS/CHANGES TO OFFIC	ERS AND D	PIRECTO	RS IN 12	
TITLE	PD		DELETE	1,1[11]LE				Change	Addition	
NAME	CLARK, ELAINE			1.2 NAME						
STREET ADDRESS	1313 CROTON RD.			1.3 STREFT	ADDRESS					
CITY-ST-ZIP	MELBOURNE FL			1,4 CITY - S	IT-ZIP	······································		1		
TITLE		Ĺ	DELFTE	2.1 1 II LE			L.	_ Change	■ Addition	
NAME				22NAME						
STREET ADDRESS				2 3 STREET	- 1					
CITY-ST-ZIP			DELETE	2. 4 CHY-: 3.1 THE	ST - ZiP		——-	Change	Addition	
NAME		L	0	3.7 NAME	}		<u> </u>	_ 0.191190	Addition	
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4 CITY-						
TITLE			DELFTE	4.1 TITLE				Change	Addition	
NAME				4. 2, NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY - S	T- ZIP					
TITLE			DELETE	5.1 DTLF				Change	Addition	
name				52 NAME	}					
Street Address				5.3 \$1HEE1	ADDRESS					
CITY-ST-ZIP			- BOLETE	5.4 DITY-S	ST-ZIP		···	T 01	1.120	
TITLE		L	DELETE	6.1 TITLE	ļ		Ĺ	Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET						
CITY-ST-ZIP				6.4 CITY - S	11-7(P					

14. I do hereby certify that the information supplied with this filling 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 eath; 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:

Crisica /CIIII

DIAMO Paul

4/29/97

407 259 6945