FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:33

DOCUMENT # J54456 (5)

1. Corporation Name
MUSICAL INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~% JENE H. LABOVITZ~~ ~~916 N FEDERAL HWY~~ ~~FT LAUDERDALE FL 33304~~ ~~US~~	~~% JENE H. LABOVITZ~~ ~~916 N FEDERAL HWY~~ ~~FT LAUDERDALE FL 33304~~ ~~US~~

3. Date Incorporated or Qualified: 01/29/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 NORMAND LACHANCE	26 NORMAND LACHANCE
Suite, Apt. #, etc. 22 916 N.FEDERAL HWY	Suite, Apt. #, etc. 27 916 N. FEDERAL HWY
City & State 23 FT. LAUDERDALE,FL.	City & State 28 FT. LAUDERDALE,FL.
Zip / Country 24 33304 / 25 U.S.A.	Zip / Country 29 33304 / 30 U.S.A.

4. FEI Number: 65-0029746 ☐ 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	10. Name and Address of New Registered Agent
~~LABOVITZ, JENE H.~~ ~~309 CITY VIEW DR~~ ~~FT. LAUDERDALE FL 33311~~	81 Name: LACHANCE,NORMAND 82 Street Address (P.O. Box Number is Not Acceptable): 1741 N.E. 16th TERRACE 83: FT. LAUDERDALE 84 City: FLORIDA FL 85 Zip Code: 33304

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: Normand Lachance President 01-31-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LACHANCE, NORMAND	12 NAME	
STREET ADDRESS	1741 NE 16TH TERR	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	~~STD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~LABOVITZ, JENE H~~	22 NAME	
STREET ADDRESS	~~309 CITY VIEW DR~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Normand Lachance 01-31-95 305-525-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0211200 CP