

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76317 (1)
1. Corporation Name

THE MUSIC MAN OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
799 LANE AVE S JACKSONVILLE FL 32205
799 LANE AVE S JACKSONVILLE FL 32205

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 05/29/1990 3a. Date of Last Report 03/31/1995
4. FEI Number 59-2923466 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

DYAL, DARRIN
7370 HARRELL ST
JACKSONVILLE FL 32219

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 officer or director (Typed name of agent is not required.)

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DYAL, DARRIN
STREET ADDRESS 7370 HARRELL ST
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME DYAL, DAVE
STREET ADDRESS 6855 OLD KING RD.
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME DYAL, SHANN B
STREET ADDRESS 7356 HARRELL ST.
CITY-ST-ZIP JACKSONVILLE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

DYAL PAUL B.
6858 OLD KING RD. N.
JACKSONVILLE, FLORIDA 32219
DYAL SHAWN B.
7356 HARRELL ST.
JACKSONVILLE, FLORIDA 32219

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] PAUL B. DYAL
Signature typed or printed name of signing officer or director

9/2/95 904-286-1198
Date Date of Filing