## FILE NOW: FILING FEE IS \$61.25

NONPROFIT .\*
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMÉN ( OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400004311 (6)

COMA	MUNITY MUSIC SERVICES	OF FLORIDA, INC.		 	HA <b>18</b> 40 <b>18</b> 47 <b>15</b> 47 <b>15</b> 44 <b>1484</b> 1484 1484 1484
Principal Plac	ce of Business	Mailing Address			
	EAST 142ND STREET MI FL 33161	410 NORTHEAST 142NE NORTH MIAMI FL 33161 US			
				<ol> <li>Date Incorporated or Qualified 09/01/1994</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 2a. Mailing Address 21			4. FEI Number 65-05 16896	Applied For Not Applicable	
22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ <b>29</b>	Country 30	This corporation has liability for Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I	Registered Agent
A S AFFE	ANNEO		81 Nami	е	
AMERILAWYER 343 ALMERIA AVE.		82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL	GABLES FL 33134		83		
			84 City		······································
44 D	4- 4l-		1  ,	corporation submits this statement for the pu	FL 85 Zip Code
familiar w	ith, and secept the obligations of Sec	tion 617.0503, Norida Statutes.	od by the corporation'  T. Rutt  E. Registered Agent signature	s board or directors. I hereby accept the app	ointment as registered agent. I am
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	DATE/ ICERS AND DIRECTORS IN 12  A T Change Addition  Change Addition
TITLE	<b>PB</b>	DELETE	11 TITLE	OPOM - FOXWORTH, ALETHA	
NAME	RUTLEDGE, KEVIN J		1.2 NAME	BOARD MEMBER	, B
STREET ADDRESS	410 NE 142ND ST		1.3 STREET ADDRESS		E
CITY - ST - ZIP	N MIAMI FL		1.4 CITY - ST - ZIP	LANDERHILL, FL 33	9/3
TITLE	D MILCON BENEDIN B	DELETE	2 1 TITLE	BUARD MEMBER "	T" Change Addition
NAME EXPERT ADDRESS	WILCOX, BEVERLY R 16301 E BUNCHE PARK DR		2 2 NAME	RUTCEDGE, EVELYN V.	•
STREET ADDRESS	OPA LOCKA FL		2 3 STREET ADDRESS		-
CITY-ST-ZIP TITLE	D	□ BC(EXC	2 4 CITY-SI-ZIP	N. MIAMY FL 33/6/	
NAME	ROWE, INEZ M	DELETE	3 1 TITLE	BOARD MEMBER 17	Change PAddition
STREET ADDRESS	20721 NW MIAMI CT		3 2 NAME	Mc Cloud, EVELYN 3025 N.W. 205# &	
CITY - ST - ZIP	MIAMI FL		3 3 STREET ADDRESS	3025 N.W. 205 TO	PEET
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	MIAMI, FL 39056	
NAME		<u></u>			T'' Change 🗷 Addition
STREET ADDRESS			4.4 STREET MODDICO	FRANKLIN, BERTHA 2301 N. W. 41ST AVENUE, CAPERHILL, FL 33813	# 711
CITY-ST-ZIP			4.4 CITY - 91 - 710	VAMOUNT CO ALLIA	~~0
TIFLE		DELETE	5 1 TITLE	LANCKHAL, FU 038/5	Change Addition
NAME			5 2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADORESS	0.17	1 / 1 / 1
CITY-ST-ZIP				1 (1)11	, .
TITLE			5.4 CITY - ST- 7IP	• \ ^ \ \	ν I
		DELETÉ	5 4 CITY - ST - ZIP 6 1 TITLE	<b>i</b>   ' '	Change D Addition
NAME		□ D€LET <b>É</b>		10000189	Change Addition
NAME Street address		□D€LETE	6 1 TITLE	1 0000185 -07/15/96010	92991 -
TREET ADDRESS	v certify that the information ouncilled.		61 TITLE 62 NAME	10000189	92991 -

4. 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

6/18/96 (55)893-6445