

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10: 24

DOCUMENT # P94000001595 (5)

1. Corporation Name

WEST KENDALL MUSIC CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

10268 SW 145TH CT
MIAMI FL 33186

Mailing Address

10268 SW 145TH CT
MIAMI FL 33186

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report

4. FEI Number
65-0459228

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

2. Principal Place of Business

21 **10201 Hammocks Blvd**

2a. Mailing Address

26 **10201 Hammocks Blvd**

Suite, Apt. #, etc.

22 **Suite 120**

Suite, Apt. #, etc.

27 **Suite 120**

City & State

23 **Miami, Florida**

City & State

28 **Miami, Florida**

Zip

24 **33196**

Country

25 **Dade**

Country

29 **33196**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

ALHALEL, GARRY J ESO
25 SE 2ND AVE
INGRAHAM BLDG SUITE 1045
MIAMI FL 33131

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

Sharon Abramson

June 1, 1995

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DAY

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|-------------------------------------|--------------------------|-----------------------|
| | D ABRAMSON, SHARON | 10268 SW 145TH CT | MIAMI FL 33186 |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | |
| 1 4 CITY - ST - ZIP | |
| 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME | |
| 2 3 STREET ADDRESS | |
| 2 4 CITY - ST - ZIP | |
| 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME | |
| 3 3 STREET ADDRESS | |
| 3 4 CITY - ST - ZIP | |
| 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME | |
| 4 3 STREET ADDRESS | |
| 4 4 CITY - ST - ZIP | |
| 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME | |
| 5 3 STREET ADDRESS | |
| 5 4 CITY - ST - ZIP | |
| 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME | |
| 6 3 STREET ADDRESS | |
| 6 4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sharon Abramson Sharon G Abramson* **6/1/95** **386-8742**
(Typed Name)