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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of Style | DIVISION OF CORPORATIONS

## DOCUMENT # P96000029349 (3)

MUSIC DEPOT OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 709 LANE AVE 8 799 LANE AVE S JACKSONVILLE FL 32205 JACKSONVILLE FL 32205-4702 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 5930 14400 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DYAL, DARRIN B 799 LANE AVE S 82 Street Address (P.O. Box Number is Not Acceptable) JÄCKSONVILLE FL 32205 83 City 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 punted name of registered agent and tale if applicable (NOTE flagistration Agent's grature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE 1.1 TITLE Change Addition TITLE , NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS TACKSONVILLE, FURIDANA CITY-ST-ZIP 1.4 CHY- S1- ZIP DELCTE. 2.1 IIILE Change \_\_\_ Add tion TITLE NAME 2.2 NAME HARROWST. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVINO, PINDA CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE SECRETARY 1885. 3.1 TOLE NAME PAUL B. DYAC SKSK OLD KINES PA W, 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS JACKS ONVILLE, FUKLAD 32219 CITY-ST-ZIP 3.4. CITY-S1-7IP Change Addition DILE 4.11013.6 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - S1 - ZIF DELETE Change Addition 5.13(ILE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing 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

V/20/97