

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

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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077217 (3)

1. Corporation Name

BO BIZM RECORDS CO.



Principal Place of Business 2604 19TH AVENUE TAMPA FL 33605	Mailing Address 2604 19TH AVENUE TAMPA FL 33605-2940
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3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2604 E. 19TH Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 2604 E. 19TH Avenue Suite, Apt. #, etc.
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4. FEI Number 59-3422848	Applied For Not Applicable
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22	City & State 23 TAMPA FLA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 TAMPA FLA	26 TAMPA FLA
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 33605	25 USA	28 33605	30 USA
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6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent SHEPARD, KEITH 2604 19TH AVENUE TAMPA FL 33605

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	DELET
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
NAME	DELET
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
NAME	DELET
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
NAME	DELET
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
NAME	DELET
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 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: Keith J. Shepard 3/12/97 813-625-4405

CR2E034 (9/96)