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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90072 002 ***150.00
 05-17-1999 90032 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 - Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000091002

1. Corporation Name
L KAY RECORDS, INCORPORATED

Principal Place of Business: POST OFFICE BOX 540544, OPA LOCKA FL 33054
 Mailing Address: POST OFFICE BOX 540544, OPA LOCKA FL 33054



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/26/1998**

4. FEI Number: **65-0876584**

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 owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent
BOURNE, DIAN
PARK PLACE II, SUITE C
12934 S.W. 133RD COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: **Holly Cohen**

82 Street Address (P.O. Box Number is Not Acceptable): **1380 Miami Gardens Dr. Suite 255**

83

84 City: **M. Miami Beach** FL 85 Zip Code: **33179**

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: *Holly Cohen* DATE: **4/1/99**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	KEMP, LISA	
STREET ADDRESS	POST OFFICE BOX 540544 N/A	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	STD	
NAME	GIBSON, JO ANNE	
STREET ADDRESS	POST OFFICE BOX 540544 N/A	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D		
1.2 NAME	Cecil Lamb		
1.3 STREET ADDRESS	POST OFFICE BOX 540544		
1.4 CITY-ST-ZIP	OPA LOCKA, FL. 33054		
2.1 TITLE	D		
2.2 NAME	Emory Gibson		
2.3 STREET ADDRESS	POST OFFICE BOX 540544		
2.4 CITY-ST-ZIP	OPA LOCKA, FL. 33054		
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 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, with all other like empowered.

SIGNATURE: *Lisa Kemp* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/15/99** DAYTIME PHONE #: **305-621-2440**

CR2E034 (11/98)