



FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 15 1997 8:00am Secretary of State	
DOCUMENT # V71753 (0)					
1. Corporation Name MUSIC BOX, CD EXCHANGE INC.					
Principal Place of Business 6169A7 JOG RD LAKE WORTH FL 33467 US		Mailing Address 6169 A7 LAKE WORTH FL 33467 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 07/26/1996	
22 City & State		27 City & State		4. FEI Number 65-0370409	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BROOKS, TERESA 1304 PINES LANE WEST PALM BEACH FL 33415			10. Name and Address of New Registered Agent		
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.			11. Name		
SIGNATURE			12. Street Address (P.O. Box Number is Not Acceptable)		
Signature typed or printed name of registered agent and title if applicable			13. City		
(NOTE: Registered agent signature required when reinstating)			FL 85 Zip Code		
DATE			14. City		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE D <input type="checkbox"/> DELETE			13.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.2 NAME BROOKS, TERESA A.			13.2		
12.3 STREET ADDRESS 1304 PINES LANE			13.3		
12.4 CITY- ST- ZIP WPB FL			13.4		
12.5 TITLE D <input type="checkbox"/> DELETE			13.5		
12.6 NAME BROOKS, ROBERT K.			13.6		
12.7 STREET ADDRESS 824 NORTH B ST			13.7		
12.8 CITY- ST- ZIP LAKE WORTH FL			13.8		
12.9 TITLE D <input type="checkbox"/> DELETE			13.9		
12.10 NAME BROOKS, JOHN C., III			13.10		
12.11 STREET ADDRESS 4115 LUZON AVE APT 3			13.11		
12.12 CITY- ST- ZIP LAKE WORTH FL			13.12		
12.13 TITLE D <input type="checkbox"/> DELETE			13.13		
12.14 NAME BROOKS, JOHN C.			13.14		
12.15 STREET ADDRESS 3767 S CONGRESS AVE			13.15		
12.16 CITY- ST- ZIP LAKE WORTH FL			13.16		
12.17 TITLE <input type="checkbox"/> DELETE			13.17		
12.18 NAME			13.18		
12.19 STREET ADDRESS			13.19		
12.20 CITY- ST- ZIP			13.20		
12.21 TITLE <input type="checkbox"/> DELETE			13.21		
12.22 NAME			13.22		
12.23 STREET ADDRESS			13.23		
12.24 CITY- ST- ZIP			13.24		
12.25 TITLE <input type="checkbox"/> DELETE			13.25		
12.26 NAME			13.26		
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12.86 NAME			13.86		
12.87 STREET ADDRESS			13		

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