

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 287468 (3)

1. Corporation Name  
**AUDIO SYSTEMS OF FLORIDA, INC.**



Principal Place of Business: 1740 WEST FAIRBANKS AVENUE WINTER PARK FL 32789  
Mailing Address: 1740 WEST FAIRBANKS AVENUE WINTER PARK FL 32789

3. Date Incorporated or Qualified: 12/04/1964  
3a. Date of Last Report: 04/11/1995  
4. FEI Number: 59-1082792  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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 1985 Corporate Square  
2a. Mailing Address: 26 1985 Corporate Square  
22. Suite, Apt. #, etc.  
23. City & State: Longwood, FL  
24. Zip: 32750  
25. Country: U.S.A.  
27. Suite, Apt. #, etc.  
28. City & State: Longwood, FL  
29. Zip: 32750  
30. Country: U.S.A.

9. Name and Address of Current Registered Agent: SICK, WILSON W., JR. 1740 W FAIRBANKS AVE WINTER PARK FL 32789  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 1985 Corporate Square, 83, 84 City: Longwood, FL 85 Zip Code: 32750

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 printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICK, WILSON W., JR.	1.2 NAME	
STREET ADDRESS	1740 WEST FAIRBANKS AVE	1.3 STREET ADDRESS	1985 Corporate Square
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	VDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, MICKEY C	2.2 NAME	
STREET ADDRESS	5306 FERNHILL CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINE, PAUL J	3.2 NAME	
STREET ADDRESS	1740 W FAIRBANKS AVE	3.3 STREET ADDRESS	1985 Corporate Square
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICK, ROBERT A.	4.2 NAME	
STREET ADDRESS	1740 WEST FAIRBANKS AVE	4.3 STREET ADDRESS	1985 Corporate Square
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, WILLIAM L	5.2 NAME	
STREET ADDRESS	1740 WEST FAIRBANKS AVE	5.3 STREET ADDRESS	1985 Corporate Square
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, FREDERICK S	6.2 NAME	
STREET ADDRESS	1740 WEST FAIRBANKS AVE	6.3 STREET ADDRESS	1985 Corporate Square
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	Longwood, FL 32750

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 119.07(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: *[Signature]* 4/29/96 467-332-1985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)