

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

FILED
Apr 04 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 # 287468 (3)

1. Corporation Name
AUDIO SYSTEMS OF FLORIDA, INC.



Principal Place of Business 1885 CORPORATE SQUARE LONGWOOD FL 32750 US	Mailing Address 1885 CORPORATE SQUARE LONGWOOD FL 32750-3536 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/04/1964	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1082792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**SICK, WILSON W., JR.
 1885 CORPORATE SQUARE
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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	CD <input type="checkbox"/> DELETE
NAME	SICK, WILSON W., JR.
STREET ADDRESS	1885 CORPORATE SQUARE
CITY-ST-ZIP	LONGWOOD FL
TITLE	VDS <input type="checkbox"/> DELETE
NAME	RUDD, MICKEY C
STREET ADDRESS	5306 FERNHILL CT.
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	CONSTANTINE, PAUL J
STREET ADDRESS	1885 CORPORATE SQUARE
CITY-ST-ZIP	LONGWOOD FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SICK, ROBERT A.
STREET ADDRESS	1885 CORPORATE SQUARE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BRAUN, WILLIAM L
STREET ADDRESS	1885 CORPORATE SQUARE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUNTER, FREDERICK S
STREET ADDRESS	1885 CORPORATE SQUARE
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/GM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEGLEY, ROBERT E., JR.
1.3 STREET ADDRESS	1885 Corporate Square
1.4 CITY-ST-ZIP	Longwood, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: _____ DATE: **3/29/97**

CR2E034 (9/96)