

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **432603** (9)
1. Corporation Name
WORLD OF SOUND INC



Principal Place of Business Mailing Address
% MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, P O BOX 2715
PALM BCH FL 33480

3. Date Incorporated or Qualified **08/09/1973** 3a. Date of Last Report **03/23/1995**
4. FEI Number **59-1519119** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
DE MENDOZA, MARIO G III
MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent (This area has no restrictions) Date Registered Agent (This area has no restrictions)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CINICOLO, JOHN	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	251 ROYAL PALM WAY	12 NAME	
STREET ADDRESS	PALM BEACH FL	13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
TITLE	VDT CINICOLO, PETER	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	251 ROYAL PALM WAY	22 NAME	
STREET ADDRESS	PALM BEACH FL	23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE	AS WILKINSON, DEBRA	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	251 ROYAL PALM WAY	32 NAME	
STREET ADDRESS	PALM BEACH FL	33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	S CINICOLO, PETER	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	251 ROYAL PALM WAY	42 NAME	
STREET ADDRESS	PALM BEACH FL	43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	AS DE MENDOZA, MARIO G III	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	251 ROYAL PALM BEACH	52 NAME	
STREET ADDRESS	PALM BEACH FL	53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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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 a letterhead with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Cincolo, President

[Signature] (407) 689-5255
Date: _____

CR2E034 (12/95)