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**Mar 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

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



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

Mailing Address: **% MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, P O BOX 2715
PALM BCH FL 33480-4302**

3. Date Incorporated or Qualified: **08/09/1973** 3a. Date of Last Report: **05/01/1996**

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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE MENDOZA, MARIO G III
MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CINICOLO, JOHN	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	CINICOLO, PETER	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILKINSON, DEBRA	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CINICOLO, PETER	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	251 ROYAL PALM BEACH	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: X *[Signature]* **cinicolo** X Date: _____ Daytime Phone #: **561/691-4434**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)