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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000063459 (0)
1. Corporation Name
SOUNDIX, INC.

Principal Place of Business Mailing Address
41620 SILVER DRIVE PO BOX 155
UMATILLA FL 32784 ALTOONA FL 32702
US

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/30/1993 | 3a. Date of Last Report 04/20/1994 |
| 21 | | 26 | | 4. FEI Number 59-3200358 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 6. The 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 | | | | 10. Name and Address of New Registered Agent | | | |
| CAUTHEN, DAVID E 131 WEST MAIN STREET TAVARES FL 32778 | | | | 01 | Name | | |
| | | | | 02 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 03 | | | |
| | | | | 04 | City | FL | 05 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROFT, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 21620 SILVER DRIVE | 1.3 STREET ADDRESS | 41620 Silver Dr. |
| CITY - ST - ZIP | UMATILLA FL 32784 | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRETHEKICK, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 21620 SILVER DRIVE | 2.3 STREET ADDRESS | 41620 Silver Dr. |
| CITY - ST - ZIP | UMATILLA FL 32784 | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROFT, SUSAN | 3.2 NAME | |
| STREET ADDRESS | 21620 SILVER DRIVE | 3.3 STREET ADDRESS | 41620 Silver Dr. |
| CITY - ST - ZIP | UMATILLA FL 32784 | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 new address.

SIGNATURE: Susan L. Croft 4/19/95 904-669-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #