FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48116** **(0)**

1. Corporation Name
PROBE AUDIO LABORATORIES, INC.

Principal Place of Business
1471 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026
US

Mailing Address
1471 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 10223 N.W. 53RD STREET
Suite, Apt. #, etc.
22
City & State
23 SUNRISE, FL
Zip 24 33351 Country 25 USA

2a. Mailing Address
26 10223 N.W. 53RD STREET
Suite, Apt. #, etc.
27
City & State
28 SUNRISE, FL
Zip 29 33351 Country 30 USA

4. FEI Number: 65-0362352 — 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

9. Name and Address of Current Registered Agent
ODDMAN, ROYSTON M.
19101 NW MIAMI CT
MIAMI FL 33169

10. Name and Address of New Registered Agent
81 Name: ODDMAN, ROYSTON M.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1471 GOLFVIEW DRIVE EAST
84 City: PEMBROKE PINES FL 85 Zip Code: 33026

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 title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/S/D	☑ Change ☐ Addition
NAME	ODDMAN, ROYSTON M.	1.2 NAME	ODDMAN, ROYSTON M.	
STREET ADDRESS	1471 GOLFVIEW DR., EAST	1.3 STREET ADDRESS	1471 GOLFVIEW DRIVE EAST	
CITY ST ZIP	PEMBROKE PINES FL	1.4 CITY ST ZIP	PEMBROKE PINES, FL 33026	
TITLE		2.1 TITLE	V/D	☐ Change ☑ Addition
NAME		2.2 NAME	SEIXAS, ANTHONY WAYNE	
STREET ADDRESS		2.3 STREET ADDRESS	7495 N.W. 44TH STREET #612	
CITY ST ZIP		2.4 CITY ST ZIP	LAUDERHILL, FL 33319	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 hereunder, or on an attachment with an address.

SIGNATURE: R.M. ODDMAN — 4/25/95 — 305/749-7399
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000101 CP