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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015077 (6)

FILED Mar 16 1998 8:00am Secretary of State

ACOUSTIC INT'L. INC. Principal Place of Business Mailing Address 1120 53RD AVENUE. EAST 1120 53RD AVENUE, EAST **BRADENTON FL 34203 BRADENTON FL 34203** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 65-0645717 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζιρ Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALLIERES, CLAUDE 1120 53RD AVENUE, EAST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34203** 83 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change Addition NAME VALUERES, CLAUDE 1.2 NAME 1120 53RD AVE EAST STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MOJKAST, PIERRE NAME 2.2 NAME 1120 53RD AVE EAST STREET ADDRESS 23 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAM! 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP City-ST-ZIP

14. Thereby 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 corpognition 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 changing or or an attraction of the corpognition of the corpognition of the corpognition of the receiver of 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 changing or or an attraction of the corpognition of the

SIGNATURE:

O WAREA