## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CITY-ST-ZIP

## Aug 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STÁTE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name FIRST CLASS SOUNDS, INC. Principal Place of Business Malling Address 5357 NOB HILL ROAD 5357 NOB HILL ROAD SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1985 2. Principal Place of Business 2a. Mailing Address Applied For 59-2600752 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees 28 Zin Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** Name SPLENDORIO, VITO J. **243 NW 121 TERRACE** 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (5/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE SPLENDORIO, DAVOD 1.2 NAME NAME 243 NW 121 TERRACE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE \_\_ Change \_\_ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TO LE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE B.1 TITLE Addition 40000261792 -08/17/98--01123--005 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00

6.4 CITY-ST-ZIP 14. I 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 end 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

**FILED** 

07/06/98

(2)

ATT: DEPT. OF STATE

**RE: CORPORATE ANNUAL REPORT** 

I HAVE ENCLOSED A CHECK FOR \$150 WITH MY CORPORATE STUB. I ORIGINALLY DID THIS ON MARCH 9, 1998. I WAS TOLD THE CHECK WAS RETURNED FOR NOT HAVING A SIGNATURE. I NEVER RECEIVED THE CHECK SO I DIDN'T KNOW WHAT HAD HAPPENED UNTIL I RECEIVED MY SECOND NOTICE. I CALLED YOU AND WAS TOLD I COULD ENCLOSE THE CHECK FOR \$150 AND SEND IT AGAIN, THANK YOU FOR YOU UNDERSTANDING IN THIS MATTER.

DAVE SPLENDERIO