PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000015077

ACOUSTIC INT'L. INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90126 008 ***150.00



					_					
Principal Place	of Business	Mailing Address						.	15517 1057 1001	
1120 53RD AVENUE, EAST 1120 53RD AVENUE, EAST			JE. EAST			1				
BRADENTON FL		BRADENTON FL 34203			DO NOT WRITE IN THIS SPACE					
							IN THIS S	PACE		۱.,
						3. Date Incorporated or Qualifed 02/19/1996			,	′′
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				4. FEI Number				┨
2. Principal Pla	ace of Business	2a. Mailing Address						oplied For	-	
21		26				65-0645717			ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	Additional equired	100	
City & State		City & State			55.00 May Be					
23		28			Trust Fund Contribution Added to Fees				4	
Zip Country		Zip	<u> </u>			8. This corporation owes the current year Intangible				
24	25	29	30			Total Topally Tax			□No	-
	9. Name and Address of Curr	ent Registered Agent		-		10. Name and Address of New Reg	gistered A	jent	•	-
VALL	IEDEC CLAUDE			81	Name					
	ieres, claude 53rd avenue, east				Street Addr	dress (P.O. Box Number is Not Acceptable)				1
	DENTON FL 34203			83						1
								T		-
•				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flori	da Statutes, the	above	a-named corp	oration submits this statement for the pu	rpose of cl	nanging its	s registered	1
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such chan	ge was authoriz	ed by	the corporation	on's board of directors. I hereby accept t	the appoint	ment as re	egistered	1
SIGNATURE		3 ,	•							
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE: Registe	red Agen	t signature required		DATE			- a
12.	OFFICERS A	AND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFIC				1 5
TITLE	P		ELETE 1.1	TITLE				Change	☐ Addition	3
NAME	VALLIERES, CLAUDE		1.2	NAME	1					3
STREET ADDRESS	1120 53RD AVE EAST		1.3	STREET	ADORESS					إ
CITY-ST-ZIP	BRADENTON FL		1.4	CITY-S	T-ZIP] }
TITLE	VP	D	ELETE 2.1	TITLE				Change	[]] Addition	'
NAME	MONAST, PIERRE		2.2	NAME						1
STREET ADDRESS	1120 53RD AVE EAST		2.3	STREET	ADDRESS					
CITY-ST-ZIP	BRADENTON FL		2.4	4 CITY-S	T-ZIP				·	١.
TITLE			ELETE 4.74 3.1	TITLE				Change	Addition Addition	
NAME			3.2	NAME						}
STREET ADDRESS	,		3.3	STREET	T ADDRESS					1
CITY-ST-ZIP			. 3.4	CITY-S	IT-ZIP					
TITLE			ELETE 4.1	TITLE				Change	☐ Addition	
NAME			4.:	2 NAME						
STREET ADDRESS			4.3	STREE	T ADDRESS			•		
CITY-ST-ZIP			4,4	CITY-S	T- ZIP					
TITLE			ELETE 5.1	TITLE				Change	☐ Addition	1
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREE	TADDRESS					
CITY-ST-ZIP			5.4	ÇITY-S	T-ZIP					
TITLE			ELETE 6.1	TITLE				☐ Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS	,		6.3	STREE	TADDRESS					
J										1

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 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: