

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 287468 (3)

1. Corporation Name

AUDIO SYSTEMS OF FLORIDA, INC.



Principal Place of Business

1740 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

Mailing Address

1740 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

3. Date Incorporated or Qualified

12/04/1964

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 1985 Corporate Square

26 1985 Corporate Square

4. FEI Number

59-1082792

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Longwood, FL

28 Longwood, FL

Zip

Country

Zip

Country

24 32750

25 U.S.A.

29 32750

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SICK, WILSON W., JR.
1740 W FAIRBANKS AVE
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1985 Corporate Square

83

84 City

Longwood

FL

85

Zip Code

32750

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 fee, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME SICK, WILSON W., JR.
STREET ADDRESS 1740 WEST FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK FL

1.2 NAME
1.3 STREET ADDRESS 1985 Corporate Square
1.4 CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME RUDD, MICKEY C
STREET ADDRESS 5306 FERNHILL CT.
CITY-ST-ZIP ORLANDO, FL 00000

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME CONSTANTINE, PAUL J
STREET ADDRESS 1740 W FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK FL

3.2 NAME
3.3 STREET ADDRESS 1985 Corporate Square
3.4 CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME SICK, ROBERT A.
STREET ADDRESS 1740 WEST FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK FL

4.2 NAME
4.3 STREET ADDRESS 1985 Corporate Square
4.4 CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME BRAUN, WILLIAM L
STREET ADDRESS 1740 WEST FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK FL

5.2 NAME
5.3 STREET ADDRESS 1985 Corporate Square
5.4 CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME HUNTER, FREDERICK S
STREET ADDRESS 1740 WEST FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK FL

6.2 NAME
6.3 STREET ADDRESS 1985 Corporate Square
6.4 CITY-ST-ZIP Longwood, FL 32750

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 467-332-1985
Date Daytime Phone #

CR2E034 (12/95)