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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
1985 CORPORATE SQUARE
LONGWOOD FL 32750
US

Mailing Address
1985 CORPORATE SQUARE
LONGWOOD FL 32750-3536
US

3. Date Incorporated or Qualified 12/04/1964	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1082792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SICK, WILSON W., JR.
1985 CORPORATE SQUARE
LONGWOOD FL 32750

81 Name

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

83

84 City

FL

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, type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SICK, WILSON W., JR.	
STREET ADDRESS	1985 CORPORATE SQUARE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	RUDD, MICKEY C	
STREET ADDRESS	5306 FERNHILL CT.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONSTANTINE, PAUL J	
STREET ADDRESS	1985 CORPORATE SQUARE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SICK, ROBERT A.	
STREET ADDRESS	1985 CORPORATE SQUARE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRAUN, WILLIAM L	
STREET ADDRESS	1985 CORPORATE SQUARE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, FREDERICK S	
STREET ADDRESS	1985 CORPORATE SQUARE	
CITY-ST-ZIP	LONGWOOD FL	

1.1 TITLE	VP/GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEGLEY, ROBERT E., JR.	
1.3 STREET ADDRESS	1985 Corporate Square	
1.4 CITY-ST-ZIP	Longwood, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)