

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 370353 (5)
1. Corporation Name
SOUND IDEAS, INC.



Principal Place of Business: **2960 EAST BAY DR. LARGO FL 34641**
Mailing Address: **2960 EAST BAY DR. LARGO FL 34641**

2. Principal Place of Business: 2a. Mailing Address:
21 State, Apt. #, et. 26 State, Apt. #, et.
22 City & State 27 City & State
23 Zip 28 Zip
24 County 29 County 30 County

3. Date Incorporated or Qualified: **09/24/1970** 3a. Date of Last Report: **04/04/1995**
4. FL Number: **59-1488142** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Resident Group or Financial Institution Credit Union: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
STEPHENS, WILLIAM A. 2960 EAST BAY DR. LARGO FL 34641

10. Name and Address of New Registered Agent:
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 607.0012 and 607.0014, Florida Statutes, this 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 will be effective only if approved 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 607.0020, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-7)	
TITLE: PTD	<input type="checkbox"/> DELETE	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEPHENS, WILLIAM A.		NAME: _____	
STREET ADDRESS: 1857 DEL ROBLES DR.		STREET ADDRESS: _____	
CITY-STATE-ZIP: CLEARWATER FL		CITY-STATE-ZIP: _____	
TITLE: S	<input type="checkbox"/> DELETE	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEPHENS, KATHERINE		NAME: _____	
STREET ADDRESS: 1857 DEL ROBLES DR.		STREET ADDRESS: _____	
CITY-STATE-ZIP: CLEARWATER FL		CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied with this form is true, is furnished and given in good faith, for the exact purpose stated in Section 119.02, Florida Statutes. I further certify that the information included in this annual report or financial statement and report as true and correct 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE: *William Stephens* 1/22/96 81531-0069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)