

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 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 # **447579** (4)
1. Corporation Name
SOUND ADVICE, INC.



Principal Place of Business
**1901 TIGERTAIL BLVD.
DANIA FL 33004**

Mailing Address
**% KENNETH DANIELSON
1901 TIGERTAIL BLVD.
DANIA FL 33004
US**

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/12/1974 | 3a. Date of Last Report 04/26/1996 |
| 4. FEI Number 59-1520531 | 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 checked="" 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 | 29 |

9. Name and Address of Current Registered Agent
**BESHOURI, PETER
1901 TIGERTAIL BLVD.
DANIA FL 33004**

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL |

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D GRIFFITH, G. KAY |
| STREET ADDRESS | 1901 TIGERTAIL BLVD. |
| CITY-ST-ZIP | DANIA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T DANIELSON, KENNETH |
| STREET ADDRESS | 1901 TIGERTAIL BLVD. |
| CITY-ST-ZIP | DANIA FL 33004 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD BESHOURI, PETER |
| STREET ADDRESS | 1901 TIGERTAIL BLVD. |
| CITY-ST-ZIP | DANIA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D MCEWEN, RICHARD D. |
| STREET ADDRESS | 1901 TIGERTAIL BLVD. |
| CITY-ST-ZIP | DANIA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SD BLUMBERG, MICHAEL |
| STREET ADDRESS | 1901 TIGERTAIL BLVD |
| CITY-ST-ZIP | DANIA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | V O'NEIL, CHRIS |
| STREET ADDRESS | 1901 TIGERTAIL BLVD |
| CITY-ST-ZIP | DANIA FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | D Herbert A Leeds |
| 13 STREET ADDRESS | 1901 Tigertail Blvd. |
| 14 CITY-ST-ZIP | Dania, FL 33004 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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: *Kenneth C. Danielson* **KENNETH C. DANIELSON** 1/6/97 (954) 926-4385
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)