

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90160 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 447579

1. Corporation Name
SOUND ADVICE, INC.

Principal Place of Business
1901 TIGERTAIL BLVD.
DANIA FL 33004

Mailing Address
% DENISE PALLADINO KENNETH L. DANIELSON
1901 TIGERTAIL BLVD.
DANIA FL 33004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1974

4. FEI Number
59-1520531
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ 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

BESHOURI, PETER
1901 TIGERTAIL BLVD.
DANIA FL 33004

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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERBERT A. LEEDS	
1.3 STREET ADDRESS	1110 BRICKELL AVE SUITE 508	
1.4 CITY-ST-ZIP	MIAMI FL 33131	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM F. HAGERTY	
2.3 STREET ADDRESS	44873 Falcon Place Suite 174	
2.4 CITY-ST-ZIP	STERLING, VA 20166	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)