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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 496884** 

(8)

THE AUDIO BUG, INC. Principal Place of Business Mailing Address 1180 NE 165 ST 1180 NF 185 ST N MIAMI BCH FL 33162-3847 N MIAMI BCH FL 33162 US 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1976 06/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1678577 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zio Country Country  $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WASHBURN, DONALD J 1180 NE 165 ST Street Address (P.O. Box Number is Not Acceptable) N MIAMI BCH FL 33162 83 84 City 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 Supranne (type) or printed name of regulation agent and offelit applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition TITLE PD 11 TITLE WASHBURN, DONALD J NAME 1.2 NAME R2E034 1180 NE 165 ST 1.3 STREET ADORESS STREET ADDRESS N MIAMI BCH FL 1.4 CITY-ST-ZIP CITY - ST - ZIE DELETE Change Addition TOTAL 21 TITLE NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY - ST - ZIP City-St-ZF DELETE Change Addition 3.1 TITLE THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZP 3 4. CITY - ST - ZIP DELETE Addition Change 4.1 TITLE TILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - 2IP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - S7 - ZIF 54 CITY-\$T-ZIP ☐ Change DELETE Addition 6.1 TITLE TITLE NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-S1-ZIP

SIGNATURE:

appears in Block 12 or Bl

MULLI WASHBURN (305) 945-6313

INATURE AND TYPED OR PHYSTED NAME OF SIGNING OFFICER OR DIRECTOR

21-21-07-02

Caytor Profes

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 minual 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name