

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

**FILED**

**Apr 17 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 # 613714 (5)**  
1. Corporation Name  
**EVA-TONE SOUNDSHEETS, INC.**



Principal Place of Business Mailing Address  
**4801 ULMERTON ROAD CLEARWATER FL 34622**      **4801 ULMERTON ROAD CLEARWATER FL 34622-4148**

3. Date Incorporated or Qualified **03/21/1979**      3a. Date of Last Report **04/24/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-1901786</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>EVANS, R.EVAN 4801 ULMERTON ROAD CLEARWATER FL 33706</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDM <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/D/M</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVANS, R. EVAN</b>	1.2 NAME	
STREET ADDRESS	<b>2803 BLUFFS DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO, FL 00000</b>	1.4 CITY-ST-ZIP	<b>34640</b>
TITLE	VDM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVANS, LUELLA</b>	2.2 NAME	
STREET ADDRESS	<b>2803 BLUFFS DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO, FL 00000</b>	2.4 CITY-ST-ZIP	<b>34640</b>
TITLE	SDM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVANS, MARK</b>	3.2 NAME	
STREET ADDRESS	<b>9502 120TH ST N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	3.4 CITY-ST-ZIP	<b>34642</b>
TITLE	TDM <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WELCH, NORMAN</b>	4.2 NAME	
STREET ADDRESS	<b>2957 SWEETGUM WAY S.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	<b>34621</b>
TITLE	DM <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, KIM</b>	5.2 NAME	
STREET ADDRESS	<b>2076 SWAN LANE</b>	5.3 STREET ADDRESS	<b>8594 CR 623</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	5.4 CITY-ST-ZIP	<b>Bushnell, FL 33513</b>
TITLE	DM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, CARL</b>	6.2 NAME	
STREET ADDRESS	<b>2852 W. VINA DEL MAR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG BCH. FL</b>	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: *Mark W. Evans* **MARK W. EVANS SECRETARY** 4/9/97 813-572-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)