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

PROFIT CORPORATION ANNUAL REPORT



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

1996

627625

(7)

DOCUMENT #
1. Corporation Name

FOY AUDIO INC

I OA A	DIO, INC.						
Principal Place of Business Maling Address						MEEL BROEF MINST MINT	i grant midte dinst sabt
2225 SE OCEAN BLVD. Stuart fl 34996		2225 SE OCEAN BLVD. STUART FL 34996					
					3. Date Incorporated or Qualified 07/15/1979	3a. Date of L 05/01	ast Report /1995
2. Principal Pla 21	al Place of Business 2a. Mailing Address 26		3		PA 4664649		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			tus Desired \$8.75 Additional	
City & State		Crt. P. Croto	Orty & State				Fee Required
23		28	h		Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees	
Ζφ 24	Gountry 25	Z(p)	Country 30			s corporation has liability for intangible tax under s. 199.032, rida Statutes	
27	9. Name and Address of Curr				10. Name and Address of New F		nt
			B1	Name	The state of the s		
FOX, MA	RTIN J.		82	Caroot Add	ress (P.O. Box Number is Not Acceptab	iloi	
2225 S.E. OCEAN BLVD.					ress (r.o. dox number is not acceptat		
X	= :		63	1			
STUART	FL 34996		84	City		FL 85	Zip Code
or register	o the provisions of Sections 607,05 ed agent, or both, in the State of Fic h, and accept the obligations of, So	rida. Such change was author	ized by the corp	named corpor poration's boa	ration submits this statement for the purify of directors. Thereby accept the app	pose of changin	g its registered office stered agent. I am
SIGNATURE _		eta diteracikas il	eOlic Regelocal Age		All ateur re-pitahi iii	TAG	·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		ECTORS IN 12
TITLE	PD	DELETE	1 1 11'LE			☐ Ch	ange Addition
NAME	fox, martin j		1.2 NAME				
STREET ADDRESS	1822 S.E. BEVING AVENUE		13 SIREE	T ADDRESS			1
DITY-ST ZIP	PT ST LUCIE, FL 00000		14 CiTY -	ST-Z-P			
Τι ^τ ι.F	TD	☐ DELFTE	2 1 TillE			□ Ch	ange 🗌 Addition 🤇
NAME	FOX, ELLEN B		2.2 NAME				
STREET ADDRESS	1822 S.E. BEVING AVENUE		2.3 STREE	1 ADDRESS			
CiTY-ST-ZIP	PT ST LUCIE, FL 00000	——————————————————————————————————————	24 C(1Y -				
TITLE	SD FOODALL K	☐ DELFTE	3 1 T TLE			☐ Ch	ange 🖺 Addition
NAME	FOX, DEBORAH K		3.2 NAME				
STREET ADDRESS	185 SW EYERLY AVE PT ST LUCIE, FL 00000			T ADDRESS			
C-TY-ST-ZIP TITLE	VD VD	□ DELETE	3.4 Cilly 4.1 Tills F	ST-ZIP		Ch	ange Addition
NAME	FOX, WILLIAM C		4.2 NAME			L) on	ange
STREET ADDRESS	185 SW EYERLY AVE			I ADDRESS			
CITY - ST - ZIP	PT ST LUCIE, FL 00000		4.4.0.IY				
TITLE		☐ DELETE	5 1 TITLE	31.21		☐ Ch	ange Addition
NAME		bench in a contract of	5.2 NAME				- pad
STREET ADDRESS				I ADDRESS			
City - St - Zif			5.4 City				
THILE		DELETE	6 1 JIILE			Ch	ange 🔲 Addition
NAME			6.2 NAMÉ			-	
STREET ADDRESS			6 3 S1H28	LADOPESS			
CITY - ST - ZIP			6 4 CITY -				
14. I do hereb	certify that the information supplies	d with this filing is voluntarily fur	nished and doc	s not qualify f	for the exemption stated in Section 119	07(3)(k), Florida :	Statutes. I further

certify that the information is oath; that I am an officer or bappears in Block 12 or Block plicated on this arrived report or supplicimental annual report is true and accurate and that my signature shall have the same legal effect as if made under brector of the corporation on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name k 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRYSTED NAME OF SIGNING OFFICER OR DIRECTOR