PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

May 06, 1999 8:00 am Secretary of State

05-06-1999 90021 046 ***150.00

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 656817

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

FT. MYERS AUTO SOUND, INC.

Principal Place of Business		Mailing Address						
4145 FOWLER ST		4145 FOWLER ST						
FT. MYERS FL	33901	FT. MYERS FL 33901				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						02/22/1980		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-1981588	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				J. Certificate of Otalias Desired	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zìp	Country	Zip	Cou	ntry		8. This corporation owes the current year li		
24	25	29	30			Personal Property Tax.		□No
_	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
74G	ER, DAVID R.			"	Name			
	HEATHER LANE			82	Street Ad	ldress (P.O. Box Number is Not Acceptable)		
	TH FORT MYERS FL 33917			83				———
14011	THE ONE WILLIO TE 30317			63				
				84	City	F	85 Zip (Code
		1 007 4500 Fl- 31- Otabu	46		nomod on	rporation submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was a	uthorized	i by ti	he corpora	ation's board of directors. I hereby accept the appr	ointment as re	gistered
SIGNATURE								
	Signature, broad or printed name of registered agent	and trie if applicable. (NOTE	: Registered	Agent	signature requ	ired when reinstating) DATE		\
12.	Signature, typed or printed name of registered agent : OFFICERS AND		Registered	Agent	signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12. TITLE					signature requ		ND DIRECTO	RS IN 12
	OFFICERS AND	DIRECTORS	13.	TLE	signature requ			RS IN 12
TITLE	OFFICERS AND	DIRECTORS	13. 1.1 TI 1.2 N/	TLE AME	signature requ			RS IN 12
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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 all other like empowered.

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