FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 758389 (1)

1. Corporation Name

SUNCOAST SOUND BOOSTERS, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 14202~~ ~~CLEARWATER FL 34629~~	~~P.O. BOX 14202~~ ~~CLEARWATER FL 34629~~

3. Date Incorporated or Qualified: 05/18/1981
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 280234	26 P.O. BOX 280234
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, FL	28 City & State: TAMPA, FL
24 Zip: 33682 25 Country: USA	29 Zip: 33682 30 Country: USA

4. FEI Number: ~~59-1877148~~ ☑ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VEZZETTI, EDITH
24329 TWIN LAKE DRIVE
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name: SHAWN ROWLAND
82 Street Address (P.O. Box Number is Not Acceptable): 2045 E. BAY DR., #228
83
84 City: LARGO, FL 85 Zip Code: 34641

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] SHAWN M. ROWLAND DATE: 4/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VEZZETTI, EDITH		1.2 NAME	PAUL GANSEMER	
STREET ADDRESS	2880 MEADOW OAK DR. E.		1.3 STREET ADDRESS	10905 BRITANY LN, #13	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	VD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MARKO, ROBERT		2.2 NAME	HARRISON MORGAN	
STREET ADDRESS	2505 ENTERPRISES RD.		2.3 STREET ADDRESS	464 LAKE BRIDGE LN, # 1325	
CITY-ST-ZIP	CLEATWATER FL		2.4 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	CAROL, JOLLER		3.2 NAME	SHAWN ROWLAND	
STREET ADDRESS	81 FLAMNGO PL.		3.3 STREET ADDRESS	~~P.O. BOX 280234~~ 2045 E. Bay Dr. #228	
CITY-ST-ZIP	SAFTY HARBOR FL 34695		3.4 CITY-ST-ZIP	LARGO, FL 34641	
TITLE		☐ DELETE	4.1 TITLE	SECRETARY/DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME	HOLLY MARKO	
STREET ADDRESS			4.3 STREET ADDRESS	2400 TALL PINES, #2	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LARGO, FL 34641	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	900001921149	☐ Change ☐ Addition
NAME			6.2 NAME	-08/13/96--01182--003	
STREET ADDRESS			6.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

9/13 JC

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: [signature] 4/1/96 813-787-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #