FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 758389

(1)

SUNCOAST SOUND BOOSTERS, INC.

Principal Place of Business

Mailing Address

FILED Sep 04 1997 8:00am Secretary of State



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P.O. BOX 280234 TAMPA FL 33682		P.O. BOX 280234 TAMPA FL 33682-0234			
				3. Date Incorporated or Qualified 05/18/1981	3a. Date of Last Report 08/13/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1877148	Applied For
21		26		35 1077 148	Not Appl cable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	26	Country	Trust Fund Contribution	Added to Fees
Zip	⊢ , ,	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
24	9. Name and Address of Current	29 Land Agent	[30]	10. Name and Address of New Re	
		. Trogistatou rigain	B1 Nam		
DOWI AN	IN SHAWN		1. 1	rowcand, SHAWN	Μ,
ROWLAND, SHAWN 2045 E. BAY DR.			82 Stree	t Address (P.O. Box Number is Not Accepted	#303
2043 E. DAT DR. #228			83	2093 C. DAY D	(, # 303
I ADON EL SARAT					
DANGO I	L 9404 I		84 City	LAR60	FL 85 Zin C3377/
11. Pursuant	to the provisions of Sections 617/0502	and 647 1508. Florida Statut	es, the above-name	d corporation submits this statement for the r	
office or r	egistered agent, or both in the State	of Florida, Such change was	thorized by the co	d corporation submits this statement for the proporation's board of directors. I hereby acceptance	ot the appointment as registered
agent. i a	m tamiliar with, and accept the obliga	ITIOUS OF, SHOKION 617,USUB, FIX	yrida Statules.	8	1211GZ
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable (NOT	F Registered Agent signals	ure required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P/D	DELETE	1.1 TITLE	D	Change Addition
NAME	GANSEMER, PAUL		1.2 NAME		
STREET ADDRESS	10905 BRITANY LN. #13		1.3 STREET ADDRESS	INGAC PLITAIN IN	<i>ŧ</i> 13
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY+ST-ZIP	GANGEMER, PAUL 10905 BRITANY LN 1 TAMPA, FL 33612	, , _
TITLE	VP/D	DELETE	2.1 TITLE	THE THE STATE OF T	Change Addition
NAME	MORGAN, HARRISON		2.2 NAME		
STREET ADDRESS	464 LAKE BRIDGE LN. #1325		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		2.4 CITY-ST-ZIP		
TITLE	T/D	DELETE	3.1 TITLE		Change Addition
NAME	ROWLAND, SHAWN		3.2 NAME		
STREET ADDRESS	2045 E. BAY DR. #228		3.3 STREET ADDRESS	;	
CITY-ST-ZIP	LARGO FL 34641	,	3.4. CITY-ST-ZIP		
TITLE	S/D	DELETE	4.1 TITLE		Change Addition
NAME	MAJKO, HOLLY		4. 2 NAME		
STREET ADDRESS	2400 TALL PINES #2		4.3 STREET ADDRESS	: [
CITY-ST-ZIP	LARGO FL 34641		4.4 CITY+ST+ZIP		•
TITLE		DELETE	5.1 TITLE	P/D	☐ Change ▲ Addition
NAME		_	5.2 NAME	PRITH C. MC SERMO	
STREET ADDRESS			5.3 STREET ADDRESS	EDITH S. MC DERMO 10304 BRANCEWOOD TAMPA, FL 336	o) [*]
CITY-ST-ZIP			5.4 CITY-ST-ZIP	70307 SAMME WILL 72/2	56
TITLE		DELETE	6.1 TITLE	1147×11411 1 - 1 - 3560	Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
				` 	
CITY-ST-ZIP	ov certify that the information supplied	lavith this filing does not qualit	6.4 CITY-ST-ZIP	stated in Section 119.07(3)(i). Florida Statute	s. Liurther certify that the

I do noted on this annual report of upplied with this limit does not qualify in the exemption stated in section 119.07(5)(f), Florida Statutes. I further certify that information indicated on this annual report of upplied pental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the proceiver of justice empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an attachment with an address;

8120147

CIGNATURE.