

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F05339 (9)

1. Corporation Name
AUDICO CORPORATION



Principal Place of Business 6108-26TH ST. W #2 BRADENTON FL 34207	Mailing Address 6108-26TH ST. W #2 BRADENTON FL 34207-4474
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3. Date Incorporated or Qualified 11/13/1980	3a. Date of Last Report 06/12/1996
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2. Principal Place of Business 21 Suite, Apt # etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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4. FEI Number 98-0052961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PASTER, SAUL
6108-26TH ST. W. #2
SUITE 204
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PTACK MORTON	
STREET ADDRESS	8600 COTE DES NEIGES	
CITY-ST-ZIP	MONTREAL CANADA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHNARCH ROBERT	
STREET ADDRESS	8600 COTE DES NEIGES	
CITY-ST-ZIP	MONTREAL CANADA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LIPPMAN MURRAY	
STREET ADDRESS	8600 COTE DES NEIGES	
CITY-ST-ZIP	MONTREAL CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3333 GRAHAM #400
1.4 CITY-ST-ZIP	MONTREAL CANADA H3R3L5
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3333 GRAHAM #400
2.4 CITY-ST-ZIP	MONTREAL CANADA H3R3L5
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1 WESTMOUNT SQUARE 10TH FL.
3.4 CITY-ST-ZIP	MONTREAL CANADA H3R3P9
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **ROBERT R. SCHNARCH 514-341-5511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)