FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT[illegible]TE
Sandra B. Mort[illegible]
Secretary of Sta[illegible]
DIVISION OF CORPO[illegible]S

DOCUMENT # **F42948** **(2)**

1. Corporation Name

SOUND TRAVEL, INC.

Principal Place of Business	Mailing Address
2841 EXECUTIVE DR #120 **CLEARWATER FL 34622**	**2841 EXECUTIVE DR #120** **CLEARWATER FL 34622**

3. Date Incorporated or Qualified **09/01/1981**	3a. Date of Last Report **06/08/1995**
4. FEI Number **59-2128965**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / City 30

9. Name and Address of Current Registered Agent

HICKS, ROSSLYN S
131C
2841 EXECUTIVE DR #210
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the [illegible]-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 t[illegible]rporation'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 [signature] 2-23-96 DATE

(Must be typed or printed name of registered agent and title if applicable) (NOTE: Both[illegible] and signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HICKS, ROSSLYN S	
STREET ADDRESS	2841 EXECUTIVE DR #120	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	☐ DELETE
NAME	HICKS, ROBERT B.	
STREET ADDRESS	2841 EXECUTIVE DR #120	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1[illegible] ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TLE		☐ Change ☐ Addition
1 ME		
1 3EET ADDRESS		
1 4Y - ST - ZIP		
2 TLE		☐ Change ☐ Addition
2 2ME		
2 3EET ADDRESS		
2 4Y - ST - ZIP		
3 TLE		☐ Change ☐ Addition
3 2ME		
3 3REET ADDRESS		
3 4Y - ST - ZIP		
4 TLE		☐ Change ☐ Addition
4 2 ME		
4 3 REET ADDRESS		
4 4 CY - ST - ZIP		
5 1 LE		☐ Change ☐ Addition
5 2 NME		
5 3 SREET ADDRESS		
5 4 CY - ST - ZIP		
6 1 TLE		☐ Change ☐ Addition
6 2 NME		
6 3 SREET ADDRESS		
6 4 CY - ST - ZIP		

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Rosslyn S. Hicks 2-23-96 (813) 572-7004

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