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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F56541

(8)

STREET SOUND, INC.

FILED Apr 29 1998 8:00am Secretary of State



Orleanat Dis	ce of Business	Mailing Address						
		<u>*</u>						
4221 NORTH FLORIDA AVENUE 4221 NORTH FLORIDA AVENUE TAMPA FL 33603 TAMPA FL 33603								
TAMPA FL 3	3003	TAMPA PL 33003			DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualified	d		
			,		12/01/1981			
2. Principal Place of Business 2a. Mailing Addre			5		4. FEI Number			plied For
21 26					<u>59-2141516</u>			t Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
27			-					·
	 				 Election Campaign Financing Trust Fund Contribution 	П	\$5.00 Added 1	
23 Zip	Country	28 Zip	Country		This corporation owes or has	poid the out		
24	25		30		Personal Property Tax due Ju			No
241	9 Name and Address of Curre		<u> </u>		10. Name and Address of New		Agent	
0			81 N	lame				
DEFONCE, ROBERT J.			82 S	Yuani Addron	s (P.O. Box Number is Not Accep	table)		
4221 N FLA AVENUE			62 5	street Address	s (P.O. Box Number is Not Accep	шыөј		
TAMPA, FLORIDA			83			****		
33603				21			les 7in	Code
			84 C	City		FL	 85 Zip (C000
11, Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-na	amed corpora	ation submits this statement for th	e purpose o	changing it	s registered
office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	to of Florida. Such change was aut	thorized by th	e corporation	's board of directors. I hereby ac-	cept the app	ointment as	registered
ľ		gamena en, economico (pode, men.						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE I	Registered Agent s	ignature required i	when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	Ť	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	DEFONCE, PATRICIA 12		1.2 NAME					
STREET ADDRESS	122, 11, 22, 11, 12, 11, 12, 11, 12, 12,		1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL			IP				
TITLE	VSD						L. Change	☐ Addition
NAME	akey, mark a.		2.2 NAME					
STREET ADDRESS	4221 N. FLORIDA AVE		2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL			ZIP				
TITLE	PD 09	PD DELETE 3.					∐ Change	Addition
NAME	DEFONCE, ROBERT J.		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	37 410 7 7 9		3.4. C/TY - ST - 2	ZIP				A state -
TITLE			4.1 TITLE				Change	Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS	S		4.3 STREET ADE	DRESS				
CITY-ST-ZIP			4.4 CITY - ST - Z	TIP .			— a	1
TITLE	i	☐ DELETE	5.1 TIFLE				☐ Change	Addition
NAME			5 2 NAME	İ				
STREET ADDRESS	s		5.3 STREET ADI	DRESS	•			
CITY-ST-ZIP			5 4 CITY-ST-Z	tiP			TT 6:	4200
TITLE	DELETE 61		61 TITLE				Change	Addition
NAME			6.2 NAME	1				
STREET ADDRESS	s		6.3 STREET ADI	DRESS				
CITY-ST-ZIP			6.4 CITY-ST-Z	ZIP				-,

14. Thereby 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 eath; that I am an officer or director of the corresponding or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in