

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT \*  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F93000005558 (2)**

1. Corporation Name

**OZ AUDIO CORP.**



Principal Place of Business

Mailing Address

**1300 S.W. 10TH ST.  
SUITE 2  
DELRAY BEACH FL 33444**

**1300 S.W. 10TH ST.  
SUITE 2  
DELRAY BEACH FL 33444**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/08/1993**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**77-0306584**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**WALTON, JOHN  
1300 S.W. 10TH ST.  
SUITE 2  
DELRAY BEACH FL 33444**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE:

*John Walton* **John WALTON (PRESIDENT)** **April 29/96**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREEDLAND, ALLEN	
STREET ADDRESS	39 DUNLOE RD.	
CITY - ST - ZIP	RICHMOND HILL, ONTARIO	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	WALTON, JOHN	
STREET ADDRESS	9755 WESTVIEW DR #1218	
CITY - ST - ZIP	CORAL SPRINGS FL	
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		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John WALTON	
1.3 STREET ADDRESS	1300 S.W. 10TH ST #2	
1.4 CITY - ST - ZIP	DELRAY BEACH, FL 33444	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL FREEDLAND	
2.3 STREET ADDRESS	3011 DUFFERIN ST	
2.4 CITY - ST - ZIP	TORONTO, ONTARIO CANADA M6B-3T4	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		

**800001834768**

**05/22/96-01855-847**

**\*\*\*200.00**

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:

*John Walton* **John WALTON**

**April 29/96**

Date

Daytime Phone #

**407-279  
0072**

CR2E034 (12/95)