FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998

.



F STATE FLORIDA DEPARTMENT Sandra B. Mort

Secretary of Sta

DIVISION OF CORPO TIONS

FILED Apr 28 1998 8:00am Secretary of State

DOCUMENT # F97000002955 (9) GOULD SOUND + LIGHT (US) INC. Principal Place of Business Mailing Address

339 METCALFE AVE 339 METCALFE AVE WESTMOUNTE QUEBEC CANADA WESTMOUNTE QUEBEC CANADA

DO NOT WRITE IN THIS SPACE

					f			3.	Date Incorp 06/06/19		Qualified	d			
2.	Principal Place of Busi	ness	2a, Mailing Address					4.	FEI Number		69	2/6	22	Applied	
1			26					<u> </u>	CQ	<u> </u>	<u></u>	<u> 20</u>	<u>>U </u>	Not App	
2	Sulte, Apt. #, etc.		27					5.	Certificate o	f Status	Desired		• -	. 75 Additi ee Require	
3	City & State	28 City	City & State				1					5.00 May			
4	Zip	7 p		Count	ry		8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes No								
	g, Name		10. Name and Address of New Registered Agent												
1200 SO PINE ISLAND RD PLANTATION FL 33324							Name								
						2	Street Addre	Address (P.O. Box Number is Not Acceptable)							
					8	3									
							City				_	F	L 85	Zip Code	
	Distriction to the exercise	ions of Continue COT DE	02 and 607 1	COO Florida Ctat.	ton the elec		named agent	tion	autorolta thi		and far the		of abon	-1 14	intova d

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CTAS DELETE Change Addition TITLE 1.1 TITLE GOULD, JON NAME 1.2 NAME 339 METCALFE AVE STREET ADDRESS 1.3 STREET ADDRESS WESTMOUNT QUEBEC CANADA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE KATZ, LAWRENCE R 2.2 NAME 225 FRANKLIN ST STREET ADDRESS 2.3 STREET ADDRESS **BOSTON MA 02110** CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change ___ Addition **3.1 TITLE** NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change __ Addition TITLE **6.1 TOTLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS, CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, of on an ottachment with an acquires.