FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G59570** **(3)**

1. Corporation Name
SOUND EXPANSION ASSOCIATES, INC.

Principal Place of Business
2151 W. HILLSBORO BLVD., SUITE #305
DEERFIELD BEACH FL 33442

Mailing Address
2151 W. HILLSBORO BLVD., SUITE #305
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: **09/14/1983**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business
21 Sound Expansion Assoc.
Suite, Apt #, etc.
22 2151 W. Hillsboro Blvd #306
City & State
23 Deerfield Beach, FL
Zip 24 33442 Country 25 US

2a. Mailing Address
26 % Peter Vining
Suite, Apt #, etc.
27 17610 Woodview Terr.
City & State
28 Boca Raton, FL
Zip 29 33487 Country 30 US

4. FEI Number: **59-2352381** 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

9. Name and Address of Current Registered Agent
VINING, PETER EDWIN
17610 WOODVIEW TERR.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Peter Vining 4-16-96
Signature of President or Other Officer — Registered Agent Signature — DATE

12. OFFICERS AND DIRECTORS

TITLE	PVD	☐ DELETE
NAME	VINING, PETER EDWIN	
STREET ADDRESS	17610 WOODVIEW TERR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	ST	☐ DELETE
NAME	VINING, PETER EDWIN	
STREET ADDRESS	17610 WOODVIEW TERR	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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] Peter Vining 4-16-96 (954) 428-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)