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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

G75839

AUDIO DUPLICATING SERVICE, INC.

FILED
Jan 24 1997 8:00am
Secretary of State

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Principal Place of Business		Mailing Address		1 (00)(1) don 600ks Ashan laine 11110 su	ni miðut íkfiðir ændin íkliðin afnut æiliku samt
915 N.E. 3RD AVENUE FT. LAUDERDALE FL 33304		1322 SW 27TH AVE. 841 N.E. 3RD AVE DEERFIELD BCH, FL 33442-5	5903		
		US		 Date Incorporated or Qualified 12/22/1983 	3a. Date of Last Report 02/23/1996
2. Principal Place of Busines	5	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		26 1322 S.W. Suite, Apt. #, etc.	27 AVe	59-2347768	Not Applicab
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 DEERFIELD	BCH, FL	Election Campaign Financing Trust Fund Contribution	\$5,00 May Be Added to Fees
Zip 24 25		29 33442 3	Country		☐ Yes 🗷 No
		nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
SELBY, DAVID G					
1322 SW 27TH / #16-28	WE.,		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
DEERFIELD BCH	FI 33442		63		
DEED FOR	. / L 0077L		24 5		Jon 1 7:- O. I.
			84 City		FL 85 Zip Code
SIGNATURE Signature Typed or	crinted name of registered ag	ent and title 4 applicable (NOTE: F	Registered Agent signature requ		DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE PD	MD O	DELETE	1.1 TITLE		Change Addition
NAME SELBY, DA			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD			1.4 City-St-ZiP		
TITLE ST	/ I L	☐ DELETE	2.1 TITLE		Change Addition
NAME SELBY, AN	INA		2.2 NAME		
STREET ADDRESS 1322 SW 2			2.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD	BCH. FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		10
TITLE		☐ DELETE	4.1 YITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS		Change Additi
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP			4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY - ST-ZIP TIFLE NAME STREET ADDRESS CITY - ST-ZIP TIFLE			4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		

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:

DAVID

0322752