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PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90143 041 ***150.00

	SOUND COMPANY, INC.								
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Principal Place	e of Business	Mailing Address				i inditit said infer andi tinan t	ISES T UR I BIB IT BA	DIT MINIT MINI	
5571 HUNTER 8	•	5571 HUNTER BLVD. STE E							
NAPLES FL 34416 NAPLES FL 33999								20105	
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						3. Date Incorporated or Qualifed			
		1.0		_		04/01/1984 4. FEI Number			Seption For
<u> </u>	lace of Business	2a. Mailing Address			ļ				Applied For Not Applicable
21	<u> </u>	26				59-2389833			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Required
22 City 8 State	<u> </u>	City & State				5 Floring Compains Financing			0 May Be
City & State	Ð	⊢ '				6. Election Campaign Financing Trust Fund Contribution			d to Fees
Zip	Country		Countr			8. This corporation owes the cur	rent year Inta		
24	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	30	,		Personal Property Tax.	ieni year into	Yes	□No
24	9. Name and Address of Current		30			10. Name and Address of New	Registered A	Agent	
<u> </u>	3. Hanto and Address of Carron	Trogiosator Again	81	1 Name					
HELI	FGOTT, MARK			↓					
	HUNTER BLVD		82	2 Stree	t Addres	is (P.O. Box Number is Not Accept	able)		
NAPI	LES FL 34116		8:	3	_				
]								_,,_	
			84	4 City			FL	85 Zip	Code
44 Dienisek	to the provisions of Sections 607.0502	2 and 607-1508 Florida Statute	s the above	ve-name	1 comor	ation submits this statement for the	purpose of	changing i	ts registered
l office or o	edistered agent, or both, in the State (of Florida. Such change was au	itnofizea di	v tne cor	poration	's board of directors. I hereby acce	pt the appoin	tment as	registered
	m familiar with, and accept the obligat	ions of Section 607.0505, Flori	ida Statute						
ayent. ra:		,		s.					
SIGNATURE	Signature typed by printed name of registered agent				required w	hen reinstating)	DATE		
į -	Signature, typed or printed name of registered agen OFFICERS AN	and title if applicable. (NOTE:			required w	then reinstating) ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
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SIGNATURE	OFFICERS AN	and title if applicable. (NOTE:	Registered Age	ent signature	required w				
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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 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, with all other like innovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRI

MARICHELFGOTT

17/99 941-353-280