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 #

(2)

1. Corporation Name MOTTERN SOUND AND PROJECTION SERVICE INC.

						- 3 (88)(88 8)45 88181 81611 83181 918		TII AIBII AIG	/IC #18 (1 #09 (1 10 #0
Principal Place of Business Mailing Address									
% GARY MOTTERN % GARY MOTTERN									
	4TH 1ERR. #74	3201 NW 4TH TERR.							
• POMPANO US	BEACH FL 33064	US BEACH F	POMPANO BEACH FL 33064 US			3. Date incorporated or Qualified 3a. Date of Last Report 04/27/1995			
A Dissipal D	Icon of Buriness	2a. Mailing Address				4. FEI Number	1		Applied For
<u> </u>	lace of Business	<u>⊢</u> ¬ ~	26			59-2643494			Not Applicable
21	H aks		Suite, Apt. #, etc.			\$8.75 Add			Additional
Suite, Apt.	#, etc.	<u>⊢</u> ¬ ' '	27			5. Certificate of Status Desired			Required
22			City & State			6. Election Campaign Financing \$5.00 May Be			
City & State	e	├ ¬ '	28			Trust Fund Contribution			d to Fees
23	Country	Zip	Coun	try		8. This corporation has liability for i	ntangible ta	x under s	199.032,
Zip	25	29	30	,			∏ No		
4	9 Name and Address of Curre		1951			10. Name and Address of New F	egistered a	Agent	
	g. Hante and Addicas of Control		1	B1 N	lame				
мотт	TEDAL CADV B		_				<u> </u>		
	TERN, GARY B		1	82 S	2 Street Address (P.O. Box Number is Not Acceptable)				
	NW 4 TERRACE, #74			B3					
POMI	PAN() BEACH FL 33064		[]						
			1	B4 (ity			85 Z	ıp Code
						ation submits this statement for the pu	<u>FL</u>		
SIGNATURE	Signisture typed or printed harrie of registered age		OTE: Ragistered a	Agent so	mature required	t when reinstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	ORS IN 12
12.	OFFICERS AND DIRECTORS PD DELETE		1.1 TITLE			ADDITIONO/OF PRINCES TO GAT		Change	
TITLE	MOTTERN, GARY B.		12 NA					_	
NAME	2204 SRM ATH TEDD 474				DDECC				
STREET ADDRESS	POMPANO BEACH FL	•		REET AD					
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NAME	MOTTERN, JOYCE								
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TITLE		☐ DELETE	611	TLE				☐ Change	Addition
NAME			62 N	AME					
STREET ADDRESS			6351	REET A	DRESS				

14. If 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 cath; 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 charged, or on an attachment with an address.

6 4 CITY - ST - ZIP

SIGNATURE: