

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

**APPROVED  
AND  
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**97 FEB 14 AM 9:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # J22638 (7)**  
1. Corporation Name  
**ACOUSTICAL DISTRIBUTORS, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>376 WEST GRANT STREET<br/>P. O. BOX 380089<br/>ORLANDO FL 32806<br/>US</b> | Mailing Address<br><b>376 WEST GRANT STREET<br/>P. O. BOX 380089<br/>ORLANDO FL 32806-0089</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/30/1986</b>  | 3a. Date of Last Report<br><b>02/12/1996</b> |
| 4. FEI Number<br><b>59-2688260</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 State, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24 Zip Country                 | 29 Zip Country         |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**LANDIS, DAVID M ESQ.  
225 E. ROBINSON ST.  
SUITE 800  
ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>DP</b> <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COURSEY, ROBERT S.</b>                           | 1.2 NAME  |   |
| STREET ADDRESS             | <b>380 WEST GRANT STREET</b>                        | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>ORLANDO FL</b>                                   | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOLBROOK, H. LEON</b>                            | 2.2 NAME  |   |
| STREET ADDRESS             | <b>ONE INDEPENDENT DRIVE</b>                        | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>JACKSONVILLE FL</b>                              | 2.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |   | 3.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |   | 4.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |   | 5.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |   | 6.4 CITY-STATE-ZIP                                    |   |

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Robert S. Coursey* **RECEIVED** **2/6/97** **407-648-2134**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)