

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J22638

(7)

1. Corporation Name

ACOUSTICAL DISTRIBUTORS, INC.

Principal Place of Business

376 WEST GRANT STREET  
P. O. BOX 380089  
ORLANDO FL 32806  
US

Mailing Address

376 WEST GRANT STREET  
P. O. BOX 380089  
ORLANDO FL 32806-0089

APPROVED  
AND  
FILED

97 FEB 14 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		06/30/1986		02/12/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2688250		Not Applicable	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
LANDIS, DAVID M ESQ. 225 E. ROBINSON ST. SUITE 600 ORLANDO FL 32801				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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	
NAME	COURSEY, ROBERT S.	12 NAME	
STREET ADDRESS	380 WEST GRANT STREET	13 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	14 CITY-STATE-ZIP	
TITLE	D	21 TITLE	
NAME	HOLBROOK, H. LEON	22 NAME	
STREET ADDRESS	ONE INDEPENDENT DRIVE	23 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	24 CITY-STATE-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 407-648-2134

CR2E034 (9/96)