

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 # J28595 (3)

1. Corporation Name
AUDIOLINK, INC.



Principal Place of Business

3406 BELMONT BOULEVARD
2051 MAIN ST.
SARASOTA FL 34232
US

Mailing Address

~~XXXXXX XXXXXX XXXXXX XXXXXX~~
2051 MAIN ST.
SARASOTA FL 34237

2. Principal Place of Business
21 3406 Belmont Blvd.

2a. Mailing Address
26 P.O. Box 4019

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Sarasota, Florida

27 City & State
28 Sarasota, Florida

24 Zip 34232 25 Country USA

29 Zip 34230 30 Country USA

9. Name and Address of Current Registered Agent

SUPPLEE, SUSAN
3406 BELMONT BLVD.
SARASOTA FL 34232

3. Date Incorporated or Qualified
08/13/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2710905

Applied For
Not Applicable

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

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

Signature, typed or printed name of registered agent and office (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS
NAME SUPPLEE, JOHN G. ☐ DELETE
STREET ADDRESS 3406 BELMONT BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE DPT
NAME SUPPLEE, SUSAN ☐ DELETE
STREET ADDRESS 3406 BELMONT BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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:

Susan Supplee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan Supplee, As President

7/22/98 (941) 371-4371
Date Daytime Phone #

CR2E034 (12/95)