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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCIII	1997 MENT # J4137 2	l terr	COHPONATIONS	-		
 Corporation 	OR CAR STEREO, INC.	<u> </u>				
OQ1 LIII	On Oan Grenes, mo.	•				
Principal Place of Business Mailing Address				- I ABBANINA BANA AKBABA AKAN KORINA ATGAN	Albit Bibit bibit bibit Albit bibit	: 8)0))]
1100 S. DIXIE HOLLYWOOD I		1100 S. DIXIE HWY. HOLLYWOOD FL 33020-	5946			
				3. Date Incorporated or Qualified	3a. Date of Last R	Report
, yka				11/06/1986	06/18/1996	· · · · · · · · · · · · · · · · · · ·
2. Principal P 21	Principal Place of Business 2a. Mailing Address 26			4. FEI Number 59-2734758		pptied For ot Applicable
Suite Ant	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & Stat					Føe He	equired
23]		28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	njangible tax under s Yes	. 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes 10. Name and Address of New Re		
	INBERG, BRUCE		81 Name	:		
1100 S. DIXIE HWY.			82 Street Add	et Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020			83			***************************************
			84 City		 85 Zip	Code
			'		FL	
office or i agent I a	registered agent, or both, in the Sta am familiar with, and accept the obl	le of Florida. Such change wa gations of, Section 607.0505,	s authorized by the corpora Florida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	the appointment as	registered
	Signature Type I or proded name of registered a	igent and tille if applicable (N ND DIRECTORS	OTE Registered Agent's greature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DC IN 12
12. TITLE	PST	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	STEINBERG, BRUCE 1100 S. DIXIE HWY.		1.2 NAME			
STREET ADDRESS	HOLLYWOOD FL 33020		1.3 STREET ADDRESS			
CITY-ST-7/2		DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	, , , , , , , , , , , , , , , , , , , 	Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CHY-S' ZIP		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME		LJ DELETE	3.2 NAME		Unange	riddition.
STREET ADDRESS			3.3 STREET ADDRESS			
COTY+ST-20P		- I BELETE	3.4. CiTY-ST-ZIP		Channe	T Lastin
THLF NAME		☐ DELETE	4.1 TITLE 4 2 NAME		Change	Addition
STREET ADORESS			4.3 STREET ADDRESS			
City St-2iF			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change	Addition
NAME			62 NAME			
STATEET ADDRESS	1		6 3 STREET ADDRESS			
CHY-SI-ZIP		Δ	6.4 CITY - ST - ZIP			
14. I do here	oby certify that the information supplied and cated on this annual report of	fied with this filing does not qualified with this filing does not qualified to	alify for the exemption state s true and accurate and the	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	t the
Lam an d appears	officer or director of the corporation in Block 12 or Block 13 if charged,	of the receiver or trusted emp or on an attachment with an a	owered to execute this repo address.	id in Section 119.07(3)(j), Florida Statule at my signature shall have the same lega ort as required by Chapter 607, Florida S	itatutes; and that my	name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-14-97

954- 921-2168 Daytime Prone #

FILED

Apr 17 1997 8:00am

Secretary of State

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