

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J59218

(4)

1. Corporation Name

SOUND EXPERIENCE INC.

Principal Place of Business

3273 LAKE WORTH RD
STE G
LAKE WORTH FL 33461
US

Mailing Address

3273 LAKE WORTH RD
STE G
LAKE WORTH FL 33461
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1987

3a. Date of Last Report

03/03/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KING, CARL C.
3273 LAKE WORTH ROAD
SUITE G
LAKE WORTH FL 33461

81 Name

82 Street Address

83

84 City

EIN
59-2776052
CARL King
407-965-7962
SOUND EXPERIENCE

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required with this report.)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KING, CARL C.
STREET ADDRESS	4708 POSEIDON PL
CITY-ST-ZIP	LAKE WORTH FL
TITLE	T
NAME	KING, RANDIE LYNN
STREET ADDRESS	4708 POSEIDON PL
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VP
NAME	BURNETT, BRIAN V
STREET ADDRESS	4200 COMMUNITY DR, #2102
CITY-ST-ZIP	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL C. King 3-15-95 4079657962