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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J74231

(8)

AUDIO OUTLET, INC.

Principal Place of Business	Mailing Address	
125-f ne 23ro ave Gainesville fl 32609 Us	125-F NE 23RD AVE Gaimesville FL 32809 US	

**FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 angisin dani andri kadan tadda isida dada dada dada didis didis didis didis didis didis didis didis			
125-F NE 23R	ND AVE	125-F NE 23RD AVE						
GAINESVILLE FL 32609		GAINESVILLE FL 32809		DO NOT WRITE IN THIS SPACE				
US		U\$				3. Date Incorporated or Qualified	OFACE	<del></del>
						05/21/1987		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ā	pplied For
21		26				65-0002587	N	ot Applicable
Suite, Apt	Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
22 27							equired	
City & State	6	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be		
23		28	Country		<del></del>	Trust Fund Contribution		to Fees
Zip	Country	Zip Country			<ol><li>This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.</li></ol>		tangible No	
	, Name and Address of Curre	nt Registered Agent	[30]	Ι	·	10. Name and Address of New Registered	<i></i>	
- CH	BERT, JONATHAN N.	The second secon		81 N	lame			
	H N.W. 11ST PL.			<b> </b>		(0.0.0		
	INESVILLE FL 32605			<b>82</b> S	treet Addr	ress (P.O. Box Number is Not Acceptable)		
•	ANDOVICLE I E 02003			83		<del> </del>		
						· · · · · · · · · · · · · · · · · · ·		<u> </u>
				84 0	City	FI	<b>85</b> Zip	Code
11. Pursuant t	whe provisions of Sections 607.050	02 and 607 1508, Norida Statu	tes, the a	bove-n	amed corp			its registered
office or n	aghtered agent, or both, iri√he State In familiar with∧abd acception oblic	s.of Florida: Such dhange was jalions of Section 607,0505, F	authorize Iorida Sta	d by th tutes:	e corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate to the purpose tion's posterior to the purpose tion's board of directors.	pointment as	s registered
SIGNATURE	Show the sall	X - 11 "	Tonal	han	N.C	ilbort Prosident 41	22198	•
				d Agent s	gnature requir	red when reinstating) DATE		
12.		ID DIRECTORS  DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change	RS IN 12
TITLE	D)	T DETEIL	1.1 TI				L Change	AUGIIION
NAME	Gilbert, Jonathan N. 3841 N.W. 11Th Pl.		1.2 N		2000			
STREET ADDRESS	GAINESVILLE FL			1.3 STREET ADD				
CITY-ST-ZIP TITLE	D D	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME	GILBERT, LESA R.			2.2 NAME				
STREET ADDRESS	8841 N.W. 11TH PL.				DRESS			
CITY-ST-ZIP	GAINESVILLE FL			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE	D	DELETE		3.1 TITLE			Change	Addition
NAME	CARLISLE, EDWARD		3.2 N.					
STREET ADDRESS	RT 2 BOX 116			TREET ADD	ORESS			
CITY-ST-ZIP	TRENTON FL 32693		•	11Y-ST-2				
TITLE		☐ DELETE	4.1 TI				Change	Addition
NAME			4.21	IAME				
STREET ADDRESS			4.3 \$	IREET ADE	RESS			
CITY-ST-ZIP			4.4 C	ITY-ST-Z	P			
TITLE		DELETE		5.1 1ITLE			Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET ADD	ORESS			
CITY-ST-ZIP			5.4 C	TY-ST-Z	Ρ			
TITLE		☐ DELETE	6.1 Ti	TLE	T		Change	Addition
NAME			6.2 N	4ME				
STREET ADDRESS			6.3 S	FREET ADD	RESS			
CITY-ST-7IP			640	TV_ST_7	p			

14. I 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 environmental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appears in a picture.