

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J84246

(4)

1. Corporation Name

SOUNDCARDS, INC.

Principal Place of Business

Mailing Address

6345 JAMES LANE
P.O. BOX 430007
NAPLES FL 33942

6345 JAMES LANE
P.O. BOX 430007
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1987

3a. Date of Last Report

07/12/1994

4. FEI Number

59-2832210

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

6. This corporation files annually for corporation tax under 1990-902 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVERICK, KATHY L.
6345 JAMES LANE
NAPLES FL 33942

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 in printed name of registered agent and the Florida State Department of State Registered Agent Signature and Printed Name of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VST
NAME	LEVERICK, KATHY L.
STREET ADDRESS	80 2ND ST
CITY, ST, ZIP	BONITA SPRINGS FL
TITLE	P
NAME	LEVERICK, WILLIAM A.
STREET ADDRESS	27635 IMPERIAL SHORES BL
CITY, ST, ZIP	BONITA SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information required with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or person 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 new person named herein.

SIGNATURE:

William Leverick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/95

CR2E034 (3/95)