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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K34805

(7)

1. Corporation Name
PARADISE SOUND INC.



Principal Place of Business
4210 L.B. MCLEOD RD. SUITE 106
ORLANDO FL 32811

Mailing Address
4210 L.B. MCLEOD RD. SUITE 106
ORLANDO FL 32811-5662

3. Date Incorporated or Qualified 09/20/1988
3a. Date of Last Report 03/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number 59-2916171, 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).

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EPSTEIN, LAWRENCE M.
4210 L.B. MCCLEOD RD. SUITE 106
ORLANDO FL 32811

81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 2 columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change/Addition/Delete.

14. I do 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if not on an attachment with an address.

SIGNATURE: [Signature] DATE REQUIRED

2/8/97 4076497220
Date Daytime Phone #

CR2E034 (9/96)