SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # K39915 (9) STERLING SOUND, INC. Mailing Address Principal Place of Business % MICHAEL ALSPAUGH **% MICHAEL ALSPAUGH** 9935 S.W. 196 ST 9935 S.W. 196 ST MIAMI FL 33157 MIAMI FL 33157 3a. Date of Last Report 3. Date Incorporated or Qualified 10/17/1988 05/01/1995 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0085854 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country This corporation has liability for intangible tax under s 199.032. Zıp Zιp Florida Statutes Yes No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALSPAUGH, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 9935 SW 196TH ST 82 MIAMI FL 33157 83 85 Zip Code 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature: typed or printed harve of registered agent and tide if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE 1.2 NAME **CR2E034** ALSPAUGH, MICHAEL L 1.3 STREET ADDRESS STREET ADDRESS 9935 SW 196 ST. 1 4 CITY - ST - ZIP CITY-ST-ZIP MIAMI FL 33157 Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME ALSPAUGH, HELEN 2.3 STREET ADDRESS 9935 SW 196 ST. STREET ADDRESS 2 4 CITY - ST-ZIP MIAMI FL 33157 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change [Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREEL ADDRESS STREET ADDRESS 44 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-SY-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP 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 119 07(3)(x). 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AFFICER OR DIRECTOR

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AFFICER OR DIRECTOR