SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K39915

(9)

FILED Sep 17 1997 8:00am Secretary of State

STERLI	NG SOUND, INC.				
					LAN BERE BURN BURN BURN BURN BURN BURN BURN
	15:				
Principal Place		Mailing Address			
% MICHAEL ALSPAUGH					
MIAMI FL 33157 MIAMI FL 33157			DO NOT WRITE IN THIS SPACE		
	•	W		3. Date Incorporated or Qualified	3a. Date of Last Report
				10/17/1988	08/08/1996
2. Principal Pi	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21 26		<u></u>		65-0085854	Not Applicable
		Suite, Apt. #, etc.			¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the current year Intangible
24	25	29 30		Personal Property Tax due Jun	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent
	SPAUGH, MICHAEL L		81 Name		
9935 SW 196TH ST			82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)
MIA	MI FL 33157				
			83		
			84 City		85 Zip Code
					FL!!!
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered
office of re	egistered agent, or both, in the Stat m familiar with, and accept the obli	io of Fiorida, Such change was aut gations of, Section 607.0505, Florid	norized by the corporat da Statutes.	lion's poard of directors, I nereby acce	apt the appointment as registered
_					1
O'GIVITORE (Signature, typed or printed name of registered a	gent and title if applicable (NOTE: F	legislered Agent signature requir		DATE
12.	OFFICERS AI	ND DIALCTONS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	ALSPAUGH, MICHAEL L	L] DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS	9935 SW 196 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP		
TITLE	VS	[_] DELETE	2.1 TITLE		Change Addition
NAME	ALSPAUGH, HELEN		2.2 NAME		
STREET ADDRESS	9935 SW 196 ST.	i	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Acdition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		L_ Change L_ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE :		DELETE	61 TITLE		Change Addition
NAME '	Substitution of		6.2 NAME		Į.
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
I I I I I A A B A C A P	au certitu thal the information cuerdi.	art with this tiling door not avalify f	or the evention clates	Lin Coction 110 07/3\(ii) Florida Ctatut	an I turthar acrific that the

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 changed, or on an attachment with an address.