May 05, 1999 8:00 am Secretary of State

05-05-1999 90022 001 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MEN # K7538° n Name NE SOUND, INC.	1							
Principal Place of Business Mailing Address							## ####	ELELY BINTI LENI	
8804 UNIVERSITY PKWY. 8804 UNIVERSITY PKWY.									
PENSACOLA FL 32514 PENSACOLA FL 32514									
	1						DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualifed 03/21/1989		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	Applied For	
21	<u> </u>	26					59-2947893		lot Applicable
Suite, Apt.	#, etc.	<u> </u>	pt. #, etc.				5. Certificate of Status Desired		Additional Required
22		27 City & S	· · · · · · · · · · · · · · · · · · ·						
City & State	e	- ├ ─┐ `	otate				6. Election Campaign Financing		May Be to Fees
Zip	Country	28 Zip	:	Count	D)		Trust Fund Contribution		1 to Lees
 1	25	29		30	.,		 This corporation owes the current year Personal Property Tax. 	Yes	□No
24	9. Name and Address of Curre		ent	[30]	—		10. Name and Address of New Registe		
				8	11	Name			
	ETTE, DAVID:C			}_		Cha+ A d-	(D.O. Day Mumbasia Nat Assautable)		
8808 UNIVERSITY PKWY			\°	Street Address (P.O. Box Number is Not Acceptable)			{		
PENSACOLA FL 32514			8	13	·				
				-	1			ne 7:-	Code
				(8	14	City	i	FL 85 Zip	Code
office or r agent. I a SIGNATURE	registered agent, or both; in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section	607.0505, FIO	nda Statute	9 S.		poration submits this statement for the purposition's board of directors. I hereby accept the a		registered
12.		AND DIRECTORS		13.	_		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D.		DELETE	1.1 TITLE	:			☐ Change	Addition
NAME	GILLETTE, DAVID C			1.2 NAME	E	{			-
STREET ADDRESS	8808 UNIVERSITY PKWY			1.3 STRE	EΤΑ	DDRESS			ĺ
CITY-ST-ZIP	PENSACOLA F			1.4 C/TY-	-ST-	ZiP			}
TITLE	D		DELETE	2.1 TITLE	:			☐ Change	Addition
NAME	GILLETTE, MARGARET K			2.2 NAME	E				
STREET ADDRESS	8808 UNIVERISTY PKWY			2.3 STRE	ET A	DDRESS			}
C/TY-ST-Z/P	PENSACOLA FL			2. 4 CITY	-ST-	ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	3.1 TITLE	•			☐ Change	e 🔲 Addition
NAME				3.2 NAME	E				ļ
STREET ADDRESS				3.3 STRE	ETA	ODRESS	The second second	-	
CITY-ST-ZIP				3.4. CITY	'-ST-	ZIP			
TITLE			☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAM					ĺ
STREET ADDRESS				4.3 STRE	ETA	DORESS			}
CITY-ST-ZIP			□ 5 51.575	4.4 CITY		ZIP			
TITLE			☐ DELETE	5.1 TITLE		1		☐ Change	Addition
NAME				5.2 NAME		DEBERG			, ,
STREET ADDRESS				5.3 STRE			•		
CITY-ST-ZIP	<u>65 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 </u>		T DELETE	5.4 CITY-		219			
TITLE			DELETE	1		ĺ		Change	Addition
NAME	,	•		6.2 NAME		DORESS			Ì
OTREET APPRECE	i			■ 0.3 STRP	:CIA	wurees i			

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 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 any address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DURED SIGNATURE AND TYPED OR PRINTED GNING OFFICER OR DIRECTOR

CR2E034 (11/98)