

THIS REPORT, CORPORATION WILL BE REQUIRED TO BE FILED IN THE OFFICE OF THE SECRETARY OF STATE, TALLAHASSEE, FLORIDA, AND TO BE MAINTAINED IN THE OFFICE OF THE SECRETARY OF STATE, TALLAHASSEE, FLORIDA, FOR THE YEAR 1995.

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -6 AM 8:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # L25261 (3)**  
 1. Corporation Name  
**MR. HEADSET, INC.**

Principal Place of Business Making Address  
**35608 CALLA COURT LEESBURG FL 34788 US**  
**P.O. BOX 350187 #107 GRAND ISLAND FL 32735-0187 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 No. of Weeks	28 Yes
24 Country	29 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/24/1989	05/01/1994
4. FEI Number	Applied For
65-0157024	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 intonation tax under s. 199.032 Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent  
**POWELL, JAMES**  
**35608 CALLA COURT**  
**LEESBURG FL 34788**

10. Name and Address of New Registered Agent  
 01 Name  
 02 Street Address (P.O. Box Number is Not Acceptable)  
 03  
 04 City, State, Zip Code  
**FL 85**

11. Pursuant to the provisions of Sections 607.007 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 a resident of the State of Florida and the corporation is authorized to file this statement.  
 SIGNATURE: *James L. Powell*  
 Registered Agent (Signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS #12	
01 NAME	02 STREET ADDRESS	03 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04 TITLE	05 NAME	06 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07 CITY, STATE, ZIP	08 NAME	09 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 CITY, STATE, ZIP	11 NAME	12 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 CITY, STATE, ZIP	14 NAME	15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 CITY, STATE, ZIP	17 NAME	18 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 CITY, STATE, ZIP	20 NAME	21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 CITY, STATE, ZIP	23 NAME	24 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 CITY, STATE, ZIP	26 NAME	27 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 CITY, STATE, ZIP	29 NAME	30 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of the officers, directors, or trustees of the corporation with an address.  
 SIGNATURE: *James L. Powell* - James L. Powell 6-23-95 904-483-2660  
 SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)