May 06, 1999 8:00 am Secretary of State

05-06-1999 90115 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37963						ļ					
1.	Corporation	Name									
	SOUNDS	SUPREME INC.									A. 6+1 A(81/) 68)
	. 1	181111 × 1				1				(#
	· · · · · · · · · · · · · · · · · · ·	. 48 3									
P	rincipal Plaçe	of Business	Mailing Address								
	889 St. ANDI			- 1							
	APT. 3 BOCA RATON FL 33433 BOCA RATON FL 33433							DO NOT WR	ITE IN THIS S	PACE	
BOCA RATON FL 33433 BOCA RATON FL 33433 US						-	3. Da	ate Incorporated or Qualifed			
								2/22/1989			
2.	Principal Pl	ace of Business	2a. Mailing Address					Number	-	A	pplied For
21	•		26				65	5-0174166		N	ot Applicable
_	Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.					E C	ertifcate of Status Desired		•	Additional
22			27				3. 00	entireate or otaxas besires		Fee R	equired —
	City & State	•	City & State				6. Ele	ection Campaign Financing			May Be
23			28				Tr	ust Fund Contribution		Added	to Fees
	Zip	Country	Zip	Country				nis corporation owes the cur	_		
24		25	29 30	1				ersonal Property Tax.		Yes	□No
		9. Name and Address of Current	Registered Agent	81	Name		10. N	ame and Address of New	Registered Ag	gent	
MARZOUCA, DOMINIC						Ma	<i>c</i> 2	Louca, Dor	ninic.		
2573 NW 59TH ST					Street	Address	(PO	Box Number is Not Accept	able)		
BOCA RATON FL 33496				83	30	<u>889</u>		st. Andrews	<u> 1310</u>	1	*
					Apt	- 3				•	
				84	City		_		FL	85 Zip	Code
—11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab						Ca		aton		anging its	registered
—1 1	office or re	gistered agent, or both, in the State of	Florida. Such change was auth	onzed by	the corp	oration's	board	of directors. I hereby acce	pt the appointr	ment as re	egistered
	agent. 1 ar	n familiar with, and accept the obligation	ins of, Section 607.0505, Florida	s Statutes	-						i
s	IGNATURE	Signature, typed or printed name of registered agent a	and title if applicable /NOTF: Re	gistered Ager	t signature i	required wh	en reinst	tating)	DATE	·····	ì
12		OFFICERS AND		13.				DITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
TIT	LE	D DELETE 1.1 T		1.1 TITLE					, _ 1	Change	☐ Addition
NA	ME	MARZOUCA, DOMINIC C.		1.2 NAME		Ma	イブ	roncia, homin	11C C .	7	
STREET ADDRESS 2573		2573 NW 59TH ST	73 NW 59TH ST		1.3 STREET ADDRESS		narzouca, Dorninic C. 0889 St. Andrews Bird. #3 Soca Raton, FL 33433				
l cn	Y-ST-ZIP	BOCA RATON FL		1.4 CITY-S	T-ZIP	800	ca	Raton, FL	22427	, 	
711		☐ DELETE 2.1 T		2.1 TITLE					[Change	☐ Addition
N/A	ME			2.2 NAME							Ì
\$T	REET ADDRESS			2.3 STREET	ADDRESS						
СП	Y-ST-ZIP			2. 4 CITY-S	T-ZIP						-
TIT	LE	_	☐ DEFELE ~~	3.1 TITLE	_	-				Change	Addition
NA	ME			3.2 NAME							
ST	REET ADDRESS			3.3 STREET	T ADDRESS						
CIT	Y-ST-ZIP			3.4. CITY-S	T-ZIP				-	F3.61	
тп	LE		☐ DELETE	4.1 TITLE		ļ				Change	Addition
NA.	ME			4. 2 NAME							
ST	REET ADDRESS			4.3 STREET							
cn	Y-ST-ZIP			4.4 CITY-S	T-ZIP					Ch	☐ Addition
ווד	LE		☐ DELETE	5.1 TITLE					1	Change	☐ Addition
NA	ME			5.2 NAME							
ST	REET ADDRESS			5.3 STREET							
-	Y-ST-ZIP		□ DELETE	5.4 CITY-S' 6.1 TITLE	1-ZIP	-				Change	Addition
TIT	LE		☐ DELETE	6.2 NAME					l		L Addition
NA											

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 an address, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP