

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L38898 (7)  
1. Corporation Name  
HIGH LIFE ACOUSTICS, INC.

Principal Place of Business  
1824 BYRAM DR  
CLEARWATER FL 34615

Mailing Address  
1824 BYRAM DR  
CLEARWATER FL 34615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 849 Suite, Apt. #, etc. 22 City & State 23 Oldsmar FL Zip Country 24 34677 25		2a. Mailing Address 26 P.O. Box 849 Suite, Apt. #, etc. 27 City & State 28 Oldsmar FL Zip Country 29 34677 30		3. Date Incorporated or Qualified 12/22/1989	
				4. FEI Number 59-2983558 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PIERCE, THOMAS 1824 BYRAM DR CLEARWATER FL 34615		10. Name and Address of Registered Agent 81 Name Thomas PIERCE 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 849 83 1740 Split Fork Dr 84 City Oldsmar FL 85 Zip Code 34677	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PIERCE, THOMAS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1824 BYRAM DR	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	1740 Split Fork Dr
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	D JOHNSON, MACK	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16003 TIMBERWOOD RD	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	14494 Old Hunter Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Brooksville FL 34601-4472
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Thomas L. Pierce Thomas L. Pierce 2-10-98 891-6993

CR2E034 (10/97)