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

PROFIT **CORPORATION ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L68812

(1)

TROMER AUDIO SERVICES, INC.

Mailing Address

Principal Place of Business 1827 NW 106 WAY

1827 NW 106 WAY

FILED May 02 1997 8:00am Secretary of State



CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071-4282			
				3. Date Incorporated or Qualified 04/30/1990	3a. Date of Last Report 09/19/1996
*	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		22-2410606	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Oountry	8. This corporation has liability for in	
24	9. Name and Address of Curren	129]	30	Florida Statutes 10. Name and Address of New Rec	Yes No
1627 COR	MER, MICHAEL 'NW 106 WAY, STE.C AL SPRINGS FL 33071 to the provisions of Sections 607.05.0 egistered agent, or both, in the State on tamiliar with, and accept the oblige	of Florida, Such change Mas-	81 Name 82 Street Add 83	Jana Ru YEX Joss JP Q. Box Number is Not Acceptable Pal Spruiss poration submits this statement for the protein's board of directors. I hereby acceptable	FL 85 5 50 1
SIGNATURE	Michael Tromce Signature, typod or printed name of registered age	nt and title if approachie (NO	TL: Registered Agent signature requ	ired when reinstating)	12/9"7 DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TROMER, MICHAEL		1.2 NAME		
STREET ADDRESS	1627 NW 106 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	DELETE	1.4 CHY-S1-ZIP 2.1 HILE		Change Addition
TOTLE	S TOOLIED II ANA		1		C Change C Noution
NAME OFFICE ADDRESS	TROMER, ILANA 1627 NW 106 WAY		2 2 NAME		
STREET ADDRESS	CORAL SPRINGS FL 33071		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	COME SPRINGS PE 330/1	DELETE	2.		Change Addition
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		Change Addition
NAME			5.2 NAM!		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-2P			5.4,CITY - ST - 2IP		
TITLE		DELFIE	6.1 111LE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STHEFT ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		1
	or certify that the information cumpling	d with this fiting doos not avail		d in Section 110 07/31/i) Elevida Statutos	Lituribor portify 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 12 if changed, or on an altechment with an address.