

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001174 (1)

1. Corporation Name

SOUND APPROACH INC.



Principal Place of Business Mailing Address  
656 SOUTH CHRISTIANA AVE. 656 SOUTH CHRISTIANA AVE.  
APOPKA FL 32703 APOPKA FL 32703

3. Date Incorporated or Qualified 03/03/1994	3a. Date of Last Report 07/24/1995
4. FEI Number 59-3228734	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HAMLIN, LONDON  
656 S. CHRISTIANA AVE.  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAMLIN, LONDON	
STREET ADDRESS	656 S. CHRISTIANA AVE.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIERCE, BRUCE	
STREET ADDRESS	1733 W. SHORES RD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMLIN, JOANN	
STREET ADDRESS	656 S. CHRISTIANA AVE.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PIERCE, TINA	
STREET ADDRESS	1733 W. SHORES RD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVEAU, STEPHEN	
STREET ADDRESS	2133 PALM CREST DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLAY, TYLER	
STREET ADDRESS	2628 PERSHING AVE.	
CITY-ST-ZIP	ORLANDO FL 32806	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hamlin, London
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stephen Laveau, Stephen
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)