SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1999 8:00am
Secretary of State

DOCUMENT # N99000000103 ✓

1. Corporation Name
MIDLAND STEREO REY INC.

Principal Place of Business	Mailing Address
6910 NW 2ND TERR BOCA RATON FL 33487	6910 NW 2ND TERR BOCA RATON FL 33487

07/12/99 90023 002 61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/01/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☐ Applied For ☑ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LACY, WILLIAM R
6910 NW 2ND TERR
BOCA RATON FL 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	LACY, WILLIAM R		1.2 NAME	
REET ADDRESS	6910 NW 2ND TERR		1.3 STREET ADDRESS	
TY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	
LE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	LACY, DAN III		2.2 NAME	
REET ADDRESS	2110 GOLDCAMP RD		2.3 STREET ADDRESS	
Y-ST-ZIP	COLORADO SPRINGS CO 80906		2.4 CITY-ST-ZIP	
LE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	LACY, LUCILLE A		3.2 NAME	
REET ADDRESS	6910 NW 2ND TERR		3.3 STREET ADDRESS	
-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP	
E		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
E			4.2 NAME	
EET ADDRESS			4.3 STREET ADDRESS	
-ST-ZIP			4.4 CITY-ST-ZIP	
E		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
E			5.2 NAME	
ET ADDRESS			5.3 STREET ADDRESS	
-ST-ZIP			5.4 CITY-ST-ZIP	
		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
			6.2 NAME	
ET ADDRESS			6.3 STREET ADDRESS	
ST-ZIP			6.4 CITY-ST-ZIP	

DA 8/19

CR2E037 (5/99)

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 617, 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: Lucille SIGNATURE REQUIRED 7/11/99 5619129002
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

7/14