

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P32475 (6)**

1. Corporation Name  
**REC SOUND INCORPORATED**



Principal Place of Business  
**2000 SOUTHE OCEAN BLVD., SUITE 409S  
PALM BEACH FL 33480**

Mailing Address  
**2000 SOUTHE OCEAN BLVD., SUITE 409S  
PALM BEACH FL 33480**

3. Date Incorporated or Qualified **01/14/1991** 3a. Date of Last Record **05/01/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>22-3028627</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

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 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	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	2000 S. OCEAN BLVD, #409S	1.2 NAME	
CITY - ST - ZIP	PALM BEACH FL	1.3 STREET ADDRESS	
	VAS	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS	ROSEN, MILDRED	2.2 NAME	
CITY - ST - ZIP	2000 S. OCEAN BLVD, #409S	2.3 STREET ADDRESS	
	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS	ROSEN, MILDRED	3.2 NAME	
CITY - ST - ZIP	2000 S. OCEAN BLVD, #409S	3.3 STREET ADDRESS	
	PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 607, 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

4/22/96

Date

407-586-6707

Daytime Phone #

CR2E034 (12/95)