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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:39

DOCUMENT # P93000000149 (3)

1. Corporation Name

THE AUDIO ITCH OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
5413 EAGLE BLVD LAND O LAKES FL 34639	5413 EAGLE BLVD LAND O LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1993**
3a. Date of Last Report: **06/19/1994**
4. FEI Number: **59-3159608** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 908 N. Dale Mabry	26 908 N Dale Mabry
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa FL	City & State 28 Tampa, FL
Zip 24 33609 Country 25 USA	Zip 29 33609 Country 30 USA

9. Name and Address of Current Registered Agent

PUSCH, RITA V
908 NO. DALE MABRY
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: Rita VonPusch
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: Rita VonPusch DATE: 6.28.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	PUSCH, DEAN V	1 2 NAME	
STREET ADDRESS	908 NO.DALE MARBY	1 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1 4 CITY-ST-ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	PUSCH, RITA V	2 2 NAME	
STREET ADDRESS	908 NO. DALE MABRY	2 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Rita VonPusch Rita VonPusch 6/28/95 813 877-4824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0371063 CP