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

**PROFIT** CORPORATION ANNUAL REPORT



SIGNATURE: Joseph J. Donovan
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		DIVISION OF CORPORATIONS					
DOCUMENT #	# P9300000450 (5)						
DONOVAN AUDIO, INC	), ,						
Principal Place of Business	Maili	ng Address					
13654 N 12 ST 13654 N 12 ST SUITE 8 SUITE 8 TAMPA FL 33613 TAMPA FL 33613							
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	2a. N	Aailing Address					



4-24-96 (813) 975-0059

Dale Daytine Priore #

05/25/1995

3. Date Incorporated or Qualified 3a. Date of Last Report

01/05/1993

	tace of Business	<b>2a</b> . Mailing Addra	958		4. FEI Number	Applied For
21		26			59-3160665	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for intangible t	
24	25	29	30		Florida Statutes Yes No	
<del></del> 1	9. Name and Address	of Current Registered Agent			10. Name and Address of New Registered	Agent
			81	Name		
DONOVA	IN INSERH		-		0.0.2	
DONOVAN, JOSEPH 13854 N 12 ST SUITE 8			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	1		
	FL 33613					<u>.</u> <u>-</u>
IAMEA	rt 33013		84	City	FL	85 Zip Code
11 Purcuant	to the provisions of Sections	607 0502 apri 607 1508. Florida	Statutes the east	hand conv	ation submits trus statement for the purpose of ch	<b>=</b> l l
or registe	red agent, or both, in the Sta	te of Florida. Such change was a	authorized by the con	noration's boar	ation soomits this statement for the purpose of critical of directors. Thereby accept the appointment a	s registered agent I am
familiar w	ith, and accept the obligation	is of, Section 607.0505. Florida 5	Statutes.			
SIGNATURE						
40	Signature, typed or printed name after	CERS AND DIRECTORS	(N HE Regideen Ap	ert signathire require	d when recording: DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTODO IN 10
12. Title	T D	DELE			ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
		<del></del>				
NAME	DONOVAN, JOSEPH	J	1.2 NAME			
STREET ADDRESS	13654 N 12 ST #8			LADORESS		
CITY - ST - ZIP	TAMPA FL 33613	The core	1.4 CIEY-		· · · · · · · · · · · · · · · · · · ·	
TITLE		□ OEL€				Change Addition
NAME			2.2 NAME	1		
STREET ADDRESS			2 3 S*HE6	T AUOPESS		
CITY-ST-ZIP	<u> </u>		2.4 CITY -			
TITLE		☐ DELE				Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 S180	ET ADORESS		
CITY-ST-ZIP			3.4 CiTy -	S1-24P		
TITLE		☐ DELE	ETE 4 1 TITLE			Change Addition
NAME	1		4.2 NAME			
STREET ADDRESS			4.3 STHEE	1 ADDRESS		
C(TY - ST - 71P			4.4 Cilly -	S1 - ZIP		
TITLE		[] DELE	S 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEE	1 ADDRESS		
CITY - ST - ZIP			5.4 CITY -	ST-ZIP		
TITLE		☐ DE≀E	TE 6 1 T-TLE		THE STATE OF THE S	☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	LADORESS		
CITY+ST-ZIP			6.4 C(TY)	0		
14. I do herel	by certify that the information	supplied with this fring is valunta	rily fundished and do	e ot qualify f	or the exemption stated in Section 119.07(3)(k), Fi	iorida Statutes I further
certify that	at the information indicated or tiliam an officer or director of	n this arieual report or supplement the corporation or the receiver of	ntal annual report is tr	te and accura	ite arid that my signature shall have the same lega is report as required by Chapter 607, Florida Statu	d effect as if made under these and that my name.
appears i	in Block 12 or Block 13 if cha	anged, or on an attachment with	an adverss	w extense an	a report to required by enables out the local state	nos, a lo maciny name