FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Apr 17 1998 8:00am Sandra B. Mortham

	1998	75/	cretary of State I OF CORPORATIONS	Secretary	y of State
1. Corporatio	MENT # P9300 /AN AUDIO, INC.	00000450 (5)		
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Principal Plac	e of Business	Mailing Address			717 11 44 21 177 1771 1141 1111 1111
13654 N 12 ST SUITE 8 TAMPA FL 33613		13654 N 12 ST SUITE 8			
				DO NOT WRITE IN THIS SPACE	
IAMPA PL 33	សារ	TAMPA FL 33613		3. Date Incorporated or Qualified	
			·	01/05/1993	
	Place of Business	2a. Mailing Address	S	4. FEI Number	Applied For
Suite, Apt.	#, etc	26 Suite, Apt. #, etc		59-3160665	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιp	Country	8. This corporation owes or has paid th	
24	25 9 Name and Address of Curr	29	30	Personal Property Tax due June 30. 10. Name and Address of New Regist	Yes No
DO		aur Valierara Water	81 Name	10. Name and Address of New Regist	GION AGENT
	NOVAN, JOSEPH 854 N 12 ST		00 Ct - 1 Add	(DO Day Mustacia May Assaulthia)	
	TE 8		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MPA FL 33613		83		
			84 City		85 Zip Code
		1-1			FL S Zip code
		15112 an 607.1508, Florida	Statutes, the above-named cor	poration submits this statement for the purp	ose of changing its registered
office or i agent. I a SIGNATURE:	to the provisions of Seltians 307.0 registered agon, or by a in the Stam familiar with and accept the obline			poration submits this statement for the purplion's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
SIGNATURE	Stynanire lyped or printed name of registered in	agent and title if applicable	Joseph J. Do No (NOTE Registered Agent signature requ	UAN PEFSIONAT D	Y.0.98
	Stynanire lyped or printed name of registered in		Joseph J. Dowlo (NOTE Registered Agent signature requ		Y.0.98
SIGNATURE	Signature lighed or printed native of registered of OFFICERS A	agent and title if applicable	Joseph J. Dowlo (NOTE Registered Agent signature requ	UAN PEFSIONAT D	S AND DIRECTORS IN 12
SIGNATURE. 12. TITLE	Signar / e lipped or printed name of registered OFFICERS A	agent and title if applicable	(NOTE Registered Agent signature required 13.	UAN PEFSIONAT D	S AND DIRECTORS IN 12
SIGNATURE. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature lipsed or penaltit name of registered of D DONOVAN, JOSEPH J	agent and title if applicable AND DIRECTORS DELET	(NOTE Registered Agent signature required 13. E 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	UAN PEFSIONAT D	S AND DIRECTORS IN 12 Change Addition
SIGNATURE. 12. TITLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE	Signature hipset or pentilet name of registered of D DONOVAN, JOSEPH J 13654 N 12 ST #8	agent and title if applicable	(NOTE Registered Agent signature required 13. E 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP E 2.1 TITLE	UAN PEFSIONAT D	S AND DIRECTORS IN 12
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e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in