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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 29 1998 8:00am

Secretary of State

☐ Change

900002541759

-06/01/98--01021--001

***150.00

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015453 (2)

SIGHTS AND SOUNDS UNLIMITED, INC.

Principal Place of Business Mailing Address v / 10915 N. INDIES DR 10915 N. INDIES DR JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3165770 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, JOHN E 10915 N. INDIES DR 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32248 83 City Zip Code 1. 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 constraint shoard 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** old respectived agent and this way a ent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TITLE CLARK, JOHN E 12 NAME MAME 10915 N. INDIES DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32246 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on accurate with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE