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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000036313 (3)

PROFESSIONAL SOUNDS INC.

Mailing Address Principal Place of Business 2657 NW 27TH AVE. 2657 NW 27TH AVE. **BOCA RATON FL 33434 BOCA RATON FL 33434-3693** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0439760 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No Country Zφ Country Ζıρ 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PINTACUDA, CHARLES M 2657 NW 27TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 City Zip Code 85 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 hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE PINTACUDA, RENEE M. NAME 1.2 NAME 2657 NW 27TH AVE STREET ADORESS 1.3 STREET ADDRESS - 33434 **BOCA RATON FL** 1.4 CITY - ST - ZIP COLY - ST - ZIP TITLE ___ DELETE 2.1 TITLE Change Addition 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition HILE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CiTY+ST+ZIP DELETE Change Addition TITLE 5.1 TiTLE NAME S 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

ST-ZIP

1 do 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 Big is 13 if changed, or on an attachorght with an address.

SIGNATURE:

SIGNATURE AND TYPYO OR PROVIDED NAME OF SKINING OFFICER OR DIRECTOR

4/3/97 (561) 451-8186

FILED

Apr 08 1997 8:00am

Secretary of State