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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P93000 AUDIO PRODUCTS, INC.	0067416 (6	5)		1111 14411 2143 2 Heir 211 1 3 02
Principal Place of Business Mailing Address 1530 CYPRESS DRIVE 1530 CYPRESS DRIVE					
JUPITER FL 33469 JUPITER FL 33469				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	J SI ACL
				09/23/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0436842	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		5 Clastics Compaign Figure 19	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	d Agent
TICE, GEORGE R			81 Name		
1530 CYPRESS DRIVE			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
JU	PITER FL 33469		83		
			84 City	FI	85 Zip Code
agent. I a SIGNATURE	im familiar with, and accept the oblig- Signature, typed or printed name of registered age	ations of, Section 607.0505,	Florida Statutes. KHE Registered Agenil signature requ		
12.	D OFFICERS AN	D DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	TICE, GEORGE R	□ biteit	1.2 NAME		
STREET ADDRESS	1530 CYPRESS DRIVE		1.3 STHEET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33469		1.4 CITY - S1 - ZIP		
TITLE	D	☐ DELETE	2.1 T(TLF		Change Addition
NAME	TICE, FRANCINE T		2.2 NAME		
STREET ADDRESS	1530 CYPRESS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33469		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME OZDSSZ ARRODSOG			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SY-ZIP TITLE		DELETE	3.4. CITY-ST-7IP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		IT on the	5.4 CITY - ST - ZIP		Change 4400
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 of the corporation of the corporation of the receiver or typistee em) owed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if phanography of on an attachment first an appropria.

Feb 16 1998 8:00am

Secretary of State