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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000067416**1. Corporation Name

TICE AUDIO PRODUCTS, INC.

Principal Place of Business

1530 CYPRESS DRIVE JUPITER FL 33469 Mailing Address

10

1530 CYPRESS DRIVE

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90044 033 ***150.00



JUPITER FL 33469 JUPITER FL 33469					DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			
•		•			3. Date Incorporated or Qualifed			1	
					09/23/1993			İ	
2. Principal P	lace of Business ' , '	2a. Mailing Address		,	4. FEI Number .	Apı	plied For	1,2	
21		26			65-0436842	No	t Applicable	- Si - Si	
Suite, Apt.						\$8.75 A	Additional	W	
22	27				5. Certifcate of Status Desired	Fee Re	quired	-	
City & Stat					6, Election Campaign Financing	\$5.00	Mav Be		
23	_	28			Trust Fund Contribution	Added to			
Zip	Country	Zip	Count	iry	8. This corporation owes the current year	Intangible		Í	
24	25	29	30		Personal Property Tax.		□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent			
	ر مراق در المراق المرا		8	1 Name	8				
	, GEORGE R		_	2 Stree	at Address (P.O. Box Number is Not Acceptable)			ł	
1530	CYPRESS DRIVE		ľ	Stree	et Address (P.O. Box Number is Not Acceptable)	A. C. 41 1. 16 1671		1	
JUP	TER FL 33469		8	33			PARAMURA:	1	
	A. Carrier		· L						
			8	14 City	A CALL WHITE AS MITTER	85 Zip C	Code		
Committee of the second of the	10-4-207.050	2 and 607 4509 Florida Statuta	a the ebe	No pamo	d corporation submits this statement for the nurpose	of changing its	registered	ł	
11 Pursuant office or r	egistered agent, or both, in the State of	of Florida: Such change was at	thorized b	by the cor	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the submits and the submits accept the submits ac	pointment as reg	gistered		
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statuti	es.					
SIGNATURE					PATE			۔ ا	
	Signature, typed or printed name of registered agen		Registered A	gent signatur	e required when reinstating) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		RS IN 12	ä	
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE	 5	15 5 - 10 to 13	☐ Change	Addition	13	
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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 of 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 changes on an attachment with an address, with all other like empowered.

SIGNATURE

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 Date

56) 575-75 77 Daytime Phone # **建調器**