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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000075753 (2)

1. Corporation Name:
COMMERCIAL CABLE & SOUND, INC.



Principal Place of Business: **3237 FOWLER ST. FORT MYERS FL 33901**
 Mailing Address: **3237 FOWLER ST. FORT MYERS FL 33901-7316**

3. Date Incorporated or Qualified: **11/02/1993**
 3a. Date of Last Report: **04/26/1996**
 4. FEI Number: **65-0443185**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Title, 22 City & State, 23 Zip, 24 Country
 2a. Mailing Address: 26 Title, 27 City & State, 28 Zip, 29 Country
 30 Country

9. Name and Address of Current Registered Agent

BUNLINGANE, DOUG
3237 FOWLER ST
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of registered agent or officer or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: **P** DELETE
 NAME: **BURLINGANE, DOUG**
 STREET ADDRESS: **3237 FOWLER ST**
 CITY-ST-ZIP: **FORT MYERS FL**

12.2 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12.3 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12.4 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12.5 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE: Change Addition
 12. NAME:
 13. STREET ADDRESS:
 14. CITY-ST-ZIP:
 2.1 TITLE: Change Addition
 2.2. NAME:
 2.3. STREET ADDRESS:
 2.4. CITY-ST-ZIP:
 3.1. TITLE: Change Addition
 3.2. NAME:
 3.3. STREET ADDRESS:
 3.4. CITY-ST-ZIP:
 4.1. TITLE: Change Addition
 4.2. NAME:
 4.3. STREET ADDRESS:
 4.4. CITY-ST-ZIP:
 5.1. TITLE: Change Addition
 5.2. NAME:
 5.3. STREET ADDRESS:
 5.4. CITY-ST-ZIP:
 6.1. TITLE: Change Addition
 6.2. NAME:
 6.3. STREET ADDRESS:
 6.4. CITY-ST-ZIP:

14. I 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doug Burlingame* **Doug Burlingame, President 3/19/97**

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0396204

CR2E034 (9/96)