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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400002235 (7)

SOUNDS GREAT, INC.

SIGNATURE:

Principal Place	e of Business	Mailing Address			***************************************	T TERRITOR HE IDIN DIEN OORS BENK DONN BREIT EDIST KAND HAND HINK DIN 1804			
5943 GALI BLVD. ZEPHYRHILLS FL 33541		5943 GALL BLVD. ZEPHYRHILLS FL 33541-							
ZEPHTHHILLS	FL 33541	ZEPHTHMULO FL 33041-	-3404						
						 Date Incorporated or Qualified 01/03/1994 		of Last F /1996	Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 :71		oplied For
21		26	<u> </u>			59-3205459 Not Applicable			
Suite, Apl. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State	City & State		6. Election Campaign Financing				
23		28			***************************************	Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No			
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered Age	ent	
HIE	rlihy, jean s			81	Name				
9812 WALLASTON DR.				82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
DAD	DE CITY FL 33525		•	83		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
				63					
				84	City		EI (35 Zip	Code
11. Pursuant	to the provisions of Sections 607 0	1502 and 607 1508. Florida Stati	utes the a	hove	-named co	rporation submits this statement for the	rurrose of ch	anging i	te registered
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was	s authorize	ed by	the corpora	ation's board of directors. I hereby acc	ept the appoin	ment as	registered
	or tanimal with, and accept the co	rganons or, section 607.0303, r	riona sa	80105	•				
SIGNATURE	Signature, typied or printed name of registored	agent and tilloid applicates (NC	OTE: Register	ed Age	nt signature req.	ured when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		,	
TITLE	P	[] DELETE	1.1 1	ITLE				Change	Addition
NAME	HIERLIHY, JEAN S			VAME					
STREET ADDRESS	9812 WALLASTON DR				ADDRESS				
CITY-ST-ZIP TITLE	DADE CITY FL	☐ DELETE		CITY S	-ZIP			Channa	A delicina
NAME	ST WILLIAM C	☐ DELCTE	2.11				<u></u>	Change	Addition
STREET ADDRESS	HIERLIHY, WILLIAM G 9812 WALLASTON DR			VAME	IDDOEGO				
CITY-ST-ZIP	DADE CITY FL			CITY-S	ADDRESS				
TITLE	DADE OILLIE	☐ DELETE	3.11		1-21			Change	Addition
NAME		_		IAME			•		
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY - ST - ZIP			3.4.	CITY-S	T-ZIP				
TITLE	THE PERSON OF TH	DELETE	4.1 1	ŧTLE			Г.	Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3 \$	STREET	ADDRESS				
CITY-ST-ZIP		22.00	***********	ITY-\$1	- ZIP		·····	-	
TITLE		[] DELETE	5.11					Change	☐ Addition
NAME				IAME		·			
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP TITLE		DELETE	6.1 7	ITY-ST	~ ZIP		, , ,	Change	Addition
NAME		hand second		IAME			ــــ ا	- John Miles	reduiell
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				XITY-\$1					
14. Loo heret	by certify that the information supp	lied with this filing does not qua	alify for the	exer	notion state	ed in Section 119,07(3)(i), Florida Statut	es. I further ce	rtify that	the
informatio	n indicated on this annual report o	or supplemental annual report is or the receiver or trustee empo	s true and owered to	accu	rate and the	at my signature shall have the same leg on as required by Chapter 607, Florida	ial offact as if i	nade un that my r	der oath; that name