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 # P94000015663

. Corporation Name

SOUND DEVELOPERS, INC.

								<i>i</i> i Billi 1117	84100 1111 1801	
Principal Place	e of Business	Mailing Address								
8851 NARRAVE		1901 RUE LA FONTAINE								
NAVARRE FL 32566 US		NAVARRE FL 32566 US	NAVARRE FL 32566			DO NOT WRITE IN THIS SPACE				
00		00				3. Date Incorporated or Qualifed				
						02/23/1994				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21 885	3 Navarie PKW	y 26		_		59-3232637		N/	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State					•••	6. Election Campaign Financing		\$5.00	May Be	
23 Na	evarre-FA-	28	-			Trust Fund Contribution	<u> </u>	~Added	to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible				
24 3251		29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Re	gistered A	jent		
ĖOU	NTAIN, KENNETH R P.A.			81	Name					
1901 RUE LA FONTAINE				82	2 Street Address (P.O. Sox Number is Not Acceptable)					
NAV	ARRE FL 32566			83						
				84	City			85 Zip	Code	
					•	oration submits this statement for the p	FL] ,		
agent. I a SIGNATURE	m familiar with, and accept the obligation of registered age.	tions of, Section 607.0505, Fi	orida Star	utes.		on's board of directors. I hereby accept	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	ORS IN 12	
TITLE	P	☐ DELETE	☐ DELETE 1.1 TI					Change	Addition	
NAME	FOUNTAIN, BETTY		1.2 N	AME						
STREET ADDRESS	1901 RUE LA FONTAINE		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	NAVARRE FL 32566		1.4 0	ITY-ST-	- ZIP					
TITLE	VPS	☐ DELETE	2.1 T	MLE			l	Change	Addition	
NAME	FOUNTAIN, GREGORY V		2.2 N	AME						
STREET ADDRESS	1901 RUE LA FONTAINE		2.3 \$	TREET /	ADDRESS					
CITY-ST-ZIP	NAVARRE FL 32566		_	TITY-ST	-ZIP		· · ·	<u> </u>		
TITLE		☐ DELETE	3.1 T					Change	Addition	
NAME				AME						
STREET ADDRESS			i i		ADDRESS					
CITY-ST-ZIP TITLE		□ DELETE	3.4. C	ITY-ST	· ZIP			Change	Addition	
NAME				VAME.					_	
STREET ADDRESS	}				ADDRESS					
CITY-ST-ZIP				ITY-ST	1					
TITLE		☐ DELETE	5.1 T					Change	Addition	
NAME			5.2 N	IAME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				ITY-ST	-ZIP					
πιLE		☐ DELETE	6.1 T			•		Change	Addition	
NAME	1		6.2 N	IAME	}					

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90062 006 ***150.00