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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000050591 (4)

## FILED Apr 29 1997 8:00am Secretary of State

1. Corporation Name THE SOUND LAB, INC.  Principal Place of Business  Mailing Address  550 SE SECOND AVE #G-27 DEERFIELD BEACH FL 33441  Mailing Address  DEERFIELD BEACH FL 33441-5462						
				<ol> <li>Date Incorporated or Qualified 07/05/1994</li> </ol>	3a. Date of L 04/24/19	
	Place of Business  NW SI WAY	2a. Mailing Address 26 1708 NW	SI MAY	4. FEI Number 65-0501252	-	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	S WIII	5. Certificate of Status Desired	1 1 7 7	.75 Additional
City & Stal	ne acil a	City & State	ul a	6. Election Campaign Financing	\$5	3.00 May Be
23 <i>POMP</i> 24 330	Country  D64 25	28 POMPANO BO Zip 29 33064	Country	Trust Fund Contribution  8. This corporation has liability for Florida Statutes		dded to Fees der s. 199.032,
1	9. Name and Address of Currer			10. Name and Address of New Re		
EVI	ERETT, BRUCE		81 Name			
550 SE SECOND AVE #G-27 DEERFIELD BEACH FL 33441			82 Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
			83			
			84 City		FL 85	Zip Code
office or	to the provisions of Sections 607.050 registered agent or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of chang pt the appointme	ging its registered ent as registered
- 0 -		,	orida Statutes.			
SIGNATURE	Stgrutum, typed or printed name of registered agr	ent and title if applicable. (NOT	E: Registered Agent signature requi	eired when reinstating)	DATE	
SIGNATURE		ent and title if applicable (NOT)	E: Registored Agent signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	
SIGNATURE 12. TILE	OFFICERS AN	ent and title if applicable. (NOT	E. Registered Agent signature requi	<del> </del>		The second secon
SIGNATURE  12.  TILE  NAME	OFFICERS AN P EVERETT, BRUCE	ent and title if applicable (NOT)	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplied information in the 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 or changed, or on an attachment with an address.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.97 9545x-0185