

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000050591 (4)**

1. Corporation Name

THE SOUND LAB, INC.

Principal Place of Business

**550 SE SECOND AVE #G-27
DEERFIELD BEACH FL 33441**

Mailing Address

**550 SE SECOND AVE #G-27
DEERFIELD BEACH FL 33441-5462**

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 **1208 NW SI WAY**
Suite, Apt. #, etc.

26 **1208 NW SI WAY**
Suite, Apt. #, etc.

4. FEI Number

65-0501252

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

22 City & State
POMPANO BEACH, FL

27 City & State
POMPANO BEACH, FL

23 Zip Country

28 Zip Country

24 **33064**

25

29 **33064**

30

g. Name and Address of Current Registered Agent

**EVERETT, BRUCE
550 SE SECOND AVE #G-27
DEERFIELD BEACH FL 33441**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **EVERETT, BRUCE**
STREET ADDRESS **550 SE 2ND AVE, #G-27**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE **VPS** ☐ DELETE

NAME **EVERETT, LONNA**
STREET ADDRESS **550 SE 2ND AVE, #G-27**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

John Everett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 954-428-0185
Date Daytime Phone #

0321958

CR2E034 (9/96)