

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

Aug 21 1996 8:00 am
Secretary of State

DOCUMENT # P94000078473 (3)

1. Corporation Name:

ROCK SOLID SOUND, INC.

Principal Place of Business:

**2607 SO. WOODLAND BLVD. STE. 185
DELAND FL 32720**

Mailing Address:

**2607 SO. WOODLAND BLVD. STE. 185
DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

10/24/1994

3a. Date of Last Report:

2. Principal Place of Business:

21 State, Apt. #, etc.:

22 City & State:

23 Zip:

24 Country:

2a. Mailing Address:

26 State, Apt. #, etc.:

27 City & State:

28 Zip:

29 Country:

4. FEI Number:

59-3272777

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 apportioned tax under S. 190.03?
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:

**LAMARR, BARBARA J
1777 SO. ANDREWS AVENUE STE. 203
FORT LAUDERDALE FL 33316**

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 607.02(2) and 607.15(8), 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 607.05(6), Florida Statutes.

SIGNATURE:

(Signature of Registered Agent must be provided)

(Signature of Registered Agent must be provided)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOCHAN, ROBERT
STREET ADDRESS	265 SW PORT ST. LUCIE BLVD. STE. 224
CITY-ST-ZIP	PORT ST. LUCIE FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(g), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and if my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR