

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra J. Morthahn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC 23 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004458 (2)

1. Corporation Name

SOUTHERN SOUND EQUIPMENT, INC.



Principal Place of Business

Mailing Address

1415 HILTON PL
TAMPA FL 33604

1415 HILTON PL
TAMPA FL 33604

3. Date Incorporated or Qualified

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 5004-B W. Linebaugh Ave

26 Same

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, Florida

Zip

Country

Zip

Country

24 33624

25 Hills.

29

30

4. FEI Number

Applied For

59-3292044

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, MARK A
11809 CYPRESS CREST CIR
TAMPA FL 33626

81 Name

Mark A. Lewis

82 Street Address (P.O. Box Number is Not Acceptable)

11404 Palm Pasture Dr.

83

84 City

Tampa

FL

85 Zip Code

33635

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

Mark A. Lewis

Mark A. Lewis

11-13-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

DELETE

NAME

TYMCHUK, MICHAEL

STREET ADDRESS

1415 HILTON PL

CITY - ST - ZIP

TAMPA FL 33604

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

TITLE

DST

DELETE

NAME

LEWIS, MARK A

STREET ADDRESS

11809 CYPRESS CREST CIR

CITY - ST - ZIP

TAMPA FL 33626

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

REINSTATEMENT

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

000002039330--2
-12/27/96--01059--010
****375.00 ****375.00

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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(3)(k), 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 617, Florida Statutes; and
that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark A. Lewis

Mark A. Lewis

11-13-96 (813) 264-5592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #