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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996	DIVISION OF CORPO	PRATIONS		
DOCUMENT # P95000	0014683 (3)			
SOUNDS GREAT PRODUCTIONS,	INC.		 	
Principal Place of Business	Mailing Address			
699 N.W. 15TH AVE. BOCA RATON FL 33433	699 N.W. 15TH AVE. BOCA RATON FL 33433			
			3. Date Incorporated or Qualified 02/21/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65.0568306	
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Stale	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip Country		ountry	8. This corporation has liability for in	Added to Fees ntangible tax under s. 199.032,
24 25 9. Name and Address of Current	[29] [30]	····	Florida Statutes Yes  10. Name and Address of New Ro	
5. Name and Address of Current	r negistered Agent	81 Name		
ROCHE, ASHLING		82 Street Add	nk_Gutta ress (KO.82 Number is Not Acceptable NW 82 NVE is Not Acceptable	<u>e)</u>
ONE EAST BROWARD BLVD.		83	NW 02 AVE #500	
SUITE 620 FORT LAUDERDALE FL 33301				Jack 7. Code
			antation	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 or registered agent, or both in the State of Florid	la. Such change was authorized by the	bove named corpo e corporation's boa	ration submits this statement for the purp and of directors. Thereby accept the appo	bose of changing its registered office intrnent as registered agent. I am
familiar with, and accept the obligations of, Section Signature	on 607.0505, Florida Statutes.			
Stignature, typed or printed name of registered agent a		red Agent signature regen	al when handarugi ADDITHONS/CHANGES TO OFFI	DATE
12. OFFICERS AND	Prof. p.c. prof.		PST	Criange Addition
NAME	1.2		Robert D Guertin	<b>/</b> `
STREET ADDRESS			699 NW 15 Ave	CERS AND DIRECTORS IN 12  Change Addition
CITY-S1-ZIP THLE		TOTUE	Boca Raton, Fl 33	3486 Change Addition
NAME	2.2	NAME		
STHEET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP TITLE		1 101Y-81-7:P 1 101E		Change Addition
NAME	32	P NAME		·
STREET ADDRESS CITY-S1-ZIP		SIREET ADDRESS		i
TITLE		1 TI'LE		Change Addition
NAME		? NAME		
STREET ADDRESS  CITY-ST-7IP		STREET ADDRESS CITY-ST ZIP		
TITLE	FTV 0.5. 6.7.	1 117LE		Change Addition
NAME		? NAME		
STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS		
TITLE		1 TITLE		Change Addition
NAME		? NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS COTY-ST-ZIP		
1d. I do hereby certify that the information supplied vertify that the information indicated on this annu-	vith this filing is voluntarily furnished an	id does not qualify.	for the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further
certify that the information indicated on this annu- oath; that I am an officer or director of the corpor appears in Block 12 or Block 13 if changed and	ration or the receiver or trustee empoy	vered to execute th	is report as required by Chapter 607, Flo	orida Statutes; and that my riame
	/ / P	heet D	Guertin 1-25-	9/ 1622051405
SIGNATURE: SIGNATURE AND TYPED ON	PHINTED NAME OF SIGNING OFFICER OR DIRE	ECTOR	G-45+ 11/0 1-72.	Daytine Priore #