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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

25

DOCUMENT # P95000037412 (0)

ULTRA-ACOUSTICS, INC.

24

Mailing Address Principal Place of Business 4072 HICKORY FAIRWAY DR 4072 HICKORY FAIRWAY DR WOODSTOCK GA 30188-2308 WOODSTOCK GA 30168 US U\$ 3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3332691 21 Suite, Apt. #, etc Suite Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032,

30

FILED Jan 16 1997 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes No

Florida Statutes

10. Name and Address of New Registered Agent

Not Applicable

DUNN, DANIEL 4303 GREENLEAF CIR.	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
PANAMA CITY FL 32404	
	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 for hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent flam familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE	
Signature hyperitor pentior caractering in stagemand to entrapplicable. (NOTE Re 12. OFFICERS AND DIRECTORS	egistored Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PILE D DELETE	1.1 HILE Change Addition
NAME FOLDS, DONALD L	1.2 NAME
STREET ADORESS 4072 HICKORY FAIRWAY DR	1.3 STREET ADDRESS
CITY-ST-ZIF WOODSTOCK GA 30188	1.4 CITY-ST-ZIP
THE DELETE	2.1 titlE Change Addition
NAME	2.2 NAME
STREET ADORESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2 4 CITY-ST-ZIP
TITLE DELETE	3.1 TITLE Change Addition
NAME	3.2 NAME
STREET ADDRESS	3 3 STREET ADDRESS
C-TY - ST - ZIP	34 CHY-ST-ZIP
TITLE DELETE	4.1 TITL€ ☐ Change ☐ Addition
NAV:	4 2 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - \$1 - 7IP	44 CITY - ST - ZIP
TITLE DELETE	5 1 TITLE Change Addition
hane	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY ST ZIF DELETE	5.4 CITY-ST-ZIP 6.1 TITLE Change Addition
_	
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
City St-76 14 I do berefy certify that the information supplied with this filling does not qualify f	6.4 CITY-ST-ZIP or the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

Table years for the information supported with 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 degree of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged for on an attachment with an address.

SIGNATURE:

0013207