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

## PROFIT **CORPORATION** ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080472 (0)

SOUND ENGINEERING, INC.

Principal Place of	Business
PO BOX 650969	

Mailing Address

## **FILED** May 18 1998 8:00am Secretary of State



PO BOX 650869 VERO BEACH FL 32965 VERO BEACH FL 32965 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0643356 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes □Ño 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DILUCENTE, WAYNE 455 - 38TH CT. Street Address (P.O. Box Number is Not Acceptable) 82 **VERÓ BEACH FL 32968** 83 84 City 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, am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or pointed menic of registered agent and title if ripple alon (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE DILUCENTE, WAYNE NAME 1.2 NAME PO BOX 650869 N/A STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32965 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 THUE R 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE 4.1 DTLE Change ■ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS SITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that i am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address.

61 TITLE

6.2 NAME

63 STREET ADDRESS

SIGNATÜRE:

M) F

NAME

STREET ADDRESS

DELETE

4/30/98 561-778-0006

Change

Addition