

**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.)**

|                                              |                                                                                                                                                                                                                          |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1996</b> |  <p>FLORIDA DEPARTMENT OF STATE<br/>         Sandra B. Morham<br/>         Secretary of State<br/>         DIVISION OF CORPORATIONS</p> |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P95000084494 (0)**  
 1. Corporation Name

**CUSTOM AUDIO PRODUCTS, INC.**

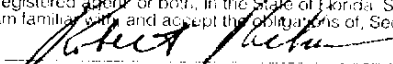


|                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| Principal Place of Business                 | Mailing Address                             |
| 6499 DEBBIE LANE<br>SOUTH PASADENA FL 33707 | 6499 DEBBIE LANE<br>SOUTH PASADENA FL 33707 |

|                                |  |                     |  |                                                                                         |  |                                                                    |  |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                            |  |
| 21                             |  | 26                  |  | 11/01/1995                                                                              |  |                                                                    |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                           |  | Applied For                                                        |  |
| 22                             |  | 27                  |  | 59-3342239                                                                              |  | Not Applicable                                                     |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired                                                        |  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23                             |  | 28                  |  | Election Campaign Financing Trust Fund Contribution                                     |  | <input type="checkbox"/> \$5.00 May Be Added to Fees               |  |
| Zip                            |  | Zip                 |  | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No           |  |
| 24                             |  | 29                  |  |                                                                                         |  |                                                                    |  |
| Country                        |  | Country             |  |                                                                                         |  |                                                                    |  |
| 25                             |  | 30                  |  |                                                                                         |  |                                                                    |  |
|                                |  |                     |  |                                                                                         |  |                                                                    |  |

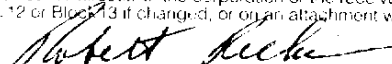
|                                                                  |  |  |  |                                                       |  |  |  |
|------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                  |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| RICKMAN, ROBERT M<br>6499 DEBBIE LANE<br>SOUTH PASADENA FL 33707 |  |  |  | 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 607.0502 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  (NOTE: Registered Agent signature required when reappointing)

|                            |                         |                                 |  |                                                       |                      |                                                                              |  |
|----------------------------|-------------------------|---------------------------------|--|-------------------------------------------------------|----------------------|------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                         |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      |                                                                              |  |
| TITLE                      | D - president           | <input type="checkbox"/> DELETE |  | 11 TITLE                                              | Vice President       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | RICKMAN, ROBERT M       |                                 |  | 12 NAME                                               | John Castalanza      |                                                                              |  |
| STREET ADDRESS             | 6499 DEBBIE LANE        |                                 |  | 13 STREET ADDRESS                                     | 605-A ROSEMARY       |                                                                              |  |
| CITY-ST-ZIP                | SOUTH PASADENA FL 33707 |                                 |  | 14 CITY-ST-ZIP                                        | LARGO FL 34641       |                                                                              |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  | 21 TITLE                                              |                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | 22 NAME                                               | Treasurer            |                                                                              |  |
| STREET ADDRESS             |                         |                                 |  | 23 STREET ADDRESS                                     | Julie Castalanza     |                                                                              |  |
| CITY-ST-ZIP                |                         |                                 |  | 24 CITY-ST-ZIP                                        |                      |                                                                              |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  | 31 TITLE                                              | Secretary            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | 32 NAME                                               | Samlyn Rickman       |                                                                              |  |
| STREET ADDRESS             |                         |                                 |  | 33 STREET ADDRESS                                     | 6499 Debbie Lane     |                                                                              |  |
| CITY-ST-ZIP                |                         |                                 |  | 34 CITY-ST-ZIP                                        | S. Pasadena FL 33707 |                                                                              |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  | 41 TITLE                                              |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                         |                                 |  | 42 NAME                                               |                      |                                                                              |  |
| STREET ADDRESS             |                         |                                 |  | 43 STREET ADDRESS                                     |                      |                                                                              |  |
| CITY-ST-ZIP                |                         |                                 |  | 44 CITY-ST-ZIP                                        |                      |                                                                              |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  | 51 TITLE                                              |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                         |                                 |  | 52 NAME                                               |                      |                                                                              |  |
| STREET ADDRESS             |                         |                                 |  | 53 STREET ADDRESS                                     |                      |                                                                              |  |
| CITY-ST-ZIP                |                         |                                 |  | 54 CITY-ST-ZIP                                        |                      |                                                                              |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  | 61 TITLE                                              |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                         |                                 |  | 62 NAME                                               |                      |                                                                              |  |
| STREET ADDRESS             |                         |                                 |  | 63 STREET ADDRESS                                     |                      |                                                                              |  |
| CITY-ST-ZIP                |                         |                                 |  | 64 CITY-ST-ZIP                                        |                      |                                                                              |  |

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:  President 6/20/96 (813) 545-2825  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)