

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091781 (1)

1. Corporation Name

FLORIDA SOUND ENGINEERING COMPANY

Principal Place of Business

Mailing Address

**3016 MERCURY ROAD S
JACKSONVILLE FL 32207
US**

**1000 LEGION PLACE, SUITE 1515
ORLANDO FL 32801-1061**



3. Date Incorporated or Qualified 12/04/1995	3a. Date of Last Report 02/23/1996
4. FEI Number 59-3348980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHELL, A.J.
1000 LEGION PLACE, SUITE 1515
ORLANDO FL 32801**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D SCHELL, A.J.
STREET ADDRESS	1000 LEGION PLACE, SUITE 1515
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	D KRUMMENACKER, DORIS
STREET ADDRESS	1000 LEGION PLACE, SUITE 1515
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	D FLEMMINGS, MARY
STREET ADDRESS	1000 LEGION PLACE, SUITE 1515
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	P SCHELL, A.J.
STREET ADDRESS	1000 LEGION PL, STE 1515
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST KRUMMENACKER, DORIS K.
STREET ADDRESS	1000 LEGION PL, STE 1515
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	V FLEMMINGS, MARY
STREET ADDRESS	1000 LEGION PL, STE 1515
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leland McGowan
1.3 STREET ADDRESS	3016 Mercury Rd. S
1.4 CITY - ST - ZIP	Jacksonville, FL 32207
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patti Lewis
2.3 STREET ADDRESS	3016 Mercury Rd. S.
2.4 CITY - ST - ZIP	Jacksonville, FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris K. Krumpacker **SECRETARY/Treasurer**

4/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)