FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **P96000052292 (5)**

1. Corporation Name
AUDIO OPTIONS, INC.

Principal Place of Business
615 7TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
615 7TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250-5239

3. Date Incorporated or Qualified: 06/19/1996
3a. Date of Last Report:

2. Principal Place of Business
21 126 6th Ave North
Suite, Apt. #, etc.
22 N/A
City & State
23 Jacksonville Beach, FL
Zip 24 32250
Country 25 DUVAL

2a. Mailing Address
26 126 6th Ave North
Suite, Apt. #, etc.
27 N/A
City & State
28 Jacksonville Beach FL
Zip 29 32250
Country 30 DUVAL

4. FEI Number 59-3386321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WOLF, WAYNE A
3733 UNIVERSITY BOULEVARD WEST
SUITE 203
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
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 _____
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	D	☐ DELETE
NAME	LUCAS, LARRY T	
STREET ADDRESS	156 DUNAHOO STREET	
CITY-ST-ZIP	WINDER GA 30680	
TITLE	D	☐ DELETE
NAME	LUCAS, PHYLISS E	
STREET ADDRESS	156 DUNAHOO STREET	
CITY-ST-ZIP	WINDER GA 30680	
TITLE	D	☐ DELETE
NAME	BLOOM, PAUL E	
STREET ADDRESS	615 7TH AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	☐ DELETE
NAME	BLOOM, MICHELLE A	
STREET ADDRESS	615 7TH AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] 4/27/97 [illegible]