

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

FILED
Apr 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Matheny Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000066458 (6)

1. Corporation Name
ROCK CITY SOUND HARDWARE SYSTEMS, INC.



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| Principal Place of Business 201 EAST PINE STREET #701 ORLANDO FL 32801 | Mailing Address 201 EAST PINE STREET #701 ORLANDO FL 32801-3758 |
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| 3. Date Incorporated or Qualified 06/09/1996 | 3a. Date of Last Report |
| 4. FEI Number 14-1795237 | 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 |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 20 N. Orange Ave. 22 Suite, Apt. #, etc. Suite 1000 23 City & State Orlando, FL 24 Zip 32801-4626 25 Country USA | 2a. Mailing Address 26 20 N. Orange Ave. 27 Suite, Apt. #, etc. Suite 1000 28 City & State Orlando, FL 29 Zip 32801-4626 30 Country USA |
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| 9. Name and Address of Current Registered Agent HUMPHRIES, J G 201 EAST PINE STREET #701 ORLANDO FL 32801 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20 N. Orange Ave. 83 Suite 1000 84 City Orlando 85 Zip Code FL 32801-4626 |
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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 reinstating) DATE _____

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|---|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE R.D.#1, Box 27, Old Post Rd. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LINDSAY, SHELTON | | 1.2 NAME | |
| STREET ADDRESS POST OFFICE BOX 33 | | 1.3 STREET ADDRESS Red Hook, NY 12571 | |
| CITY- ST- ZIP ANNANDALE NY 12504 | | 1.4 CITY- ST- ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE R.D.#1, Box 27, Old Post Rd. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KALISH, LEE | | 2.2 NAME | |
| STREET ADDRESS POST OFFICE BOX 33 | | 2.3 STREET ADDRESS Red Hook, NY 12571 | |
| CITY- ST- ZIP ANNANDALE NY 12504 | | 2.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 3.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 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: Sheron Lindsay 3/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)