

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

FILED
May 14 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 # **P96000077193 (6)**

1. Corporation Name
MAKE NOISES, INC.

Principal Place of Business
**2323 NEPTUNE ROAD
KISSIMMEE FL 34744**

Mailing Address
**2323 NEPTUNE ROAD
KISSIMMEE FL 34744-6232**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last Report 1/1/97
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number Filed for	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHEA, JOHN 2940 SOUTH TAMiami TRAIL SARASOTA FL 34239		ROSALIND A. CARR ROSALIND A. CARR, P.A. 900 SIXTH AVE. SO. - STE 303 NAPLES FL 34102	

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 **ROSALIND A. CARR, CPA** **ROSALIND A. CARR** DATE **4/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSLOW, MICHAEL L	1.2 NAME	
STREET ADDRESS	3936 SOUTH SEMORAN BOULEVARD, #402	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, THOMAS S	2.2 NAME	
STREET ADDRESS	2323 NEPTUNE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCHESNEY, STEPHANIE E	3.2 NAME	Mcchesney, Stephen E
STREET ADDRESS	3936 SOUTH SEMORAN BOULEVARD, #402	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	
TITLE	D	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	D	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	D	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: **STEPHANIE E. MCCHESNEY** **STEPHANIE E. MCCHESNEY** DATE **4/30/97**

CR2E034 (9/96)