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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DE APTIVICIÓN OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000086282** (6)

AUDIO TEX SYSTEMS, INC.

FILED Jun 05 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 10/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 723778 Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 7 \$8.75 Additional	Principal Place of Business 6643 MIDNIGHT PASS RD SARASOTA FL 34242		6643 MIDNIGHT	Mailing Address 6643 MIDNIGHT PASS RD SARASOTA FL 34242-2508						
28. Meining Address 28. Suite April #, etc. Su							· · · · · · · · · · · · · · · · · · ·	3a. Date of	Last Repo	ort
Sulfa, Apt #, etc. Sulfa, Apt #, etc.	2. Principal Place	of Business	2a. Mailing Ad	dress				<u></u>	Appli	ed For
City & State State City & City & State City & City & State City & Cit	21		26				65-012317		Not A	pplicable
City & Statio City & Statio	Suite, Apt. #, e	tc.		#, etc.			5. Certificate of Status Desired	1 1 -		
Zip Country Zip Country Street intemptable tax under s. 190.032	City & State		<u> </u>	е						
9. Name and Address of Current Registered Agent GRIFFING, WALTER 783 CODE—TERMINE JENUER, FL. 34335 82. Siricel Address (P.O. Box Number is Not Acceptable) 83. Surget Address (P.O. Box Number is Not Acceptable) 84. City FL. 85. Zip Code 11. Pursuant to the provisions of Sections 807 0502 and 807 1508. Florida Statutes, the above-hammed corporation submits this statement for the purpose of changing its registered office of registered agent, at manifest with, and the accept the displaced of Sections 807 0502 and 807 1508. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Name and Address of New Registered Agent and the purpose of changing its registered office or registered agent. I am manifest with, and tacept the displaced on 25 posterior Shatutes. SIGNATURE 16. DILETE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME 19. NAME 19. NAME 19. NAME 19. NAME 19. STEET ADDRESS 20. STEET ADDRESS 21. STEET ADDRESS 22. STEET ADDRESS 23. STEET ADDRESS 24. CITY-ST-2P 10. Change Addition 10. NAME 11. NAME 12. NAME 13. NAME 14. CITY-ST-2P 15. NAME 14. CITY-ST-2P 16. NAME 16. NAME 17. NAME 18. NAME 18. NAME	Zip	· · · · · ·	Zip				8. This corporation has liability for intangible tax under s. 199.032,			
TOST OFFICE TERMACE OFFICE AND DESCRIPTING OFFICERS AND DIRECTORS 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florists Statutes, the above-reinned corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Priorist Statutes. SIGNATURE Signature, lyade or period reinne of registered agent agent and accept the obligations of, Section 607.0505, Priorist Statutes. SIGNATURE Signature, lyade or period reinne of registered agent a					<u> </u>					
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florids Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such as sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such as sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such as sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the sub-notized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the sub-notized by the co	GRIFFIN 7693-06 - SARASO	9, WALTER DDE TERPAC E <i>305</i> VTA FL 0423 1 <i>UE N//</i> 0	LISBON CE, FL	3420	82 83	Street Add	dress (P.O. Box Number is Not Acceptab			
11. Pursuant to the provisions of Sections 607 6502 and 607 1508. Florida Statutes, the above-trained corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutos. SIGNATURE	.				84	City		FI B5	Zip Coo	ot.
12	office or regis agent. I am fa	e provisions of Sections 607.0 dered agent, or both, in the Standing with, and accept the ob-	0502 and 607.1508, Flo ate of Florida. Such ch obligations of, Section 60	orida Statutes ange was au 07.0505, Flori	s, the above thorized by ida Statutes	o-named cor the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of chan at the appointm	ging its reg ent as reg	egistered gistered
TITLE	Sign	sture, typed or printed name of registered	agent and title if applicable	(NOTE:	Registered Age	nt signature requ	ulred when reinstating)	DATE		
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annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an address.