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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90172 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000036905

1. Corporation Name

STERLING HOBE SOUND, INC.

Principal Place of Business

209 PHIPPS PLAZA
PALM BEACH FL 33480

Mailing Address

209 PHIPPS PLAZA
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

65-0745500

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSOY, A D
209 PHIPPS PLAZA
PALM BCH FL 33480

81 Name

BRIAN D. KOSOY

82 Street Address (P.O. Box Number is Not Acceptable)

209 PHIPPS PLAZA

83

84

City Palm Beach, FL

85

Zip Code 33480

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

BRIAN D. KOSOY 4-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KOSOY, A D
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BCH FL 33480

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP
BRIAN D. KOSOY
209 PHIPPS PLAZA
PALM BEACH, FL 33480

☒ Change ☐ Addition

TITLE DV
NAME STILLER, DUANE J
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BCH FL 33480

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVS
NAME BEAULIEU, DENIS
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BCH FL 33480

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME JERMAN, RICHARD
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BCH FL 33480

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME MARCHESSAULT, GERI
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BCH FL 33480

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN D. KOSOY

Date

4-26-99

Daytime Phone #

561-835-1810

CR2E034 (11/98)