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

PROFIT CORPORATION ANNUAL REPORT

·1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051556 (3)

ECO SOUND, INC.

FILED May 05 1998 8:00am Secretary of State

600 8	COND, INC.			1 135(186) IN 1614 1361 1611 6114 6314 6314 631	H MITAT DIBAT BINAS BAKIN MITA HADI
Principal Place of Business		Mailing Address		n immeinett isin iftert butet matte fiftet bill	1 Brand timat Asikt Attel Asia (san
		527 ANCLOTE RD. TARPON SPRINGS FL 34689			
TARPON SPR	INGS PL 34689	TARPUM SPRINGS FL 34083	,	DO NOT WRITE IN THE	HIS SPACE
				3. Date Incorporated or Qualified	
				06/11/1997	
	lace of Business car Hill Road	28. Mailing Address 26 39 Oscar Hil	head I	4. FEI Number 59-3453908	Applied For
Suite, Apt.		Suite, Apt. #, etc.	LI KOAU		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
	n Springs, FL	28 Tarpon Spri		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 3468			U.S.A.	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No
CLEVELAND, JAMES				Bobby J. Payne	
527 ANCLOTE RD.			62 Street	Address (P.O. Box Number is Not Acceptable)	
TARPON SPRINGS FL 34689			83 48:	52 Bonito Drive	
			~		
i			84 City	P.R.	85 Zip Code 3 4 6 5 2
11. Pursuant	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statutes			
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/amiliar/with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed in miled name of registered agen	nt and tille if applicable (NOTE R	egistered Agent signature	e required when reins(ating)	<u>/ /0</u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	D	Change Addition
NAME	WIDMAN, GEORGE V	:	1.2 NAME	Widmann, George F.	17
STREET ADDRESS	527 ANCLOTE RD.		1.3 STREET ADDRESS	4737 Simcoe St.	\i
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 City-St-ZIP	Palm Harbor, FL 3468	4
TIFLE	D	☐ DELETE	2.1 TITLE	S/T	Change Addition
NAME	ODUM, MARILYNN		2.2 NAME	Odum, Marilynn C.	
STREET ADDRESS	527 ANCLOTE RD.	j	2.3 STREET ADDRESS	9210 Post Road	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	DELETE.	2. 4 CITY-ST-ZIP	Odessa, FL 33556	X Change Addition
TITLE	D DELAND MARC	C DELETE	31 TITLE	D	LAJ Change L. Audition
NAME	CLEVELAND, JAMES		3.2 NAME	Cleveland, James L.	
STREET ADDRESS	527 ANCLOTE RD. TARPON SPRINGS FL 34689		3 3 STREET ADDRESS	13204 Oak St.	i
CITY-ST-ZIP TITLE	IANFOR SPAROS PL 34009	DELETE	3.4. CITY-ST-ZIP	Odessa, FL 33556	Change Addition
NAME		L. Detect	4. 2 NAME	C/M/D	A manual
STREET ADDRESS			4.3 STREET ADDRESS	Payne, Bobby J.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	4852 Bonito Drive	
TITLE		☐ DELETE	5.1 TALE	N.P.R., FL 34652 P	Change Addition
NAME		_	5.2 NAME	VanGunten, Charles	
STREET ADDRESS			5.3 STREET ADDRESS	621 24th Street S.W.	Ì
CITY - ST - ZIP			5.4 CITY - ST-ZIP	Vero Beach, FL 32962	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS	İ	
CITY-ST-ZIP			64 CITY-ST-ZIP	<u> </u>	
4 4 4 4 -				4 1	

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.

SIGNATURE:

Marilena

Oden

Sections.

3/19/98

813 939-2505