


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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90121 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000051556 1. Corporation Name ECO SOUND, INC.			
Principal Place of Business 39 OSCAR HILL ROAD TARPON SPRINGS FL 34689 US		Mailing Address 39 OSCAR HILL ROAD TARPON SPRINGS FL 34689 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent PAYNE, BOBBY J. 4852 BONITO DRIVE NEW PORT RICHEY FL 34652		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 <i>Bobby J. Payne</i> N/A Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME WIDMAN, GEORGE V STREET ADDRESS 4737 SIMCOE ST CITY-ST-ZIP PALM HARBOR FL 34684		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE ST NAME ODUM, MARILYNN STREET ADDRESS 9210 POST ROAD CITY-ST-ZIP ODESSA FL 33556		2.1 TITLE 2.2 NAME GRADEL, GAIL 2.3 STREET ADDRESS 173 Avery Ave 2.4 CITY-ST-ZIP Crystal Beach FL 34681	
TITLE D NAME CLEVELAND, JAMES STREET ADDRESS 13204 OAK ST CITY-ST-ZIP ODESSA FL 33556		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE CMD NAME PAYNE, BOBBY J. STREET ADDRESS 4852 BONITA DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE P NAME VANGUNTEA, CHARLES STREET ADDRESS 621 24TH STREET S.W. CITY-ST-ZIP VERO BEACH FL 32962		5.1 TITLE 5.2 NAME Van Gunten, Charles 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1997	
4. FEI Number 59-3453908	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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

*Gail Gradel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99  
Date

727-939-2505  
Daytime Phone #

CR2E034 (1/98)