

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$360 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

FILED

99 MAY 20 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000068450 (0)**

1. Corporation Name
SOUND SPECIALISTS, INC.

Principal Place of Business 9609 NW 81ST TAMARAC, FL 33321	Mailing Address 9609 NW 81ST TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1997	
4. FEI Number 65-0778057	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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	21a. Suite, Apt. #, etc.
22. City & State	22a. City & State
23. Zip	23a. Zip
24. Country	24a. Country

9. Name and Address of Current Registered Agent CHIN, RAMON 9609 NW 81ST TAMARAC, FL 33321	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. Zip Code

10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

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 appointed to exercise the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or in an attachment with an address.

SIGNATURE: _____ 5/11/99 (934) 720-0272

05/28/99