


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000077882 (3)

1. Corporation Name

CYPRESSOUND CENTER, INC.

Principal Place of Business

1504 WEST GRAY STREET
TAMPA FL 33609

Mailing Address

1504 WEST GRAY STREET
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3440698

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

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

ARNONE, STEVEN ANDREW
5035 WEST GRACE STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

ARNONE, STEVEN ANDREW

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

1504 W. GRAY ST.

83

84 City

TAMPA

FL

85 Zip Code
33609

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARNONE, ANTHONY J	
STREET ADDRESS	3714 WEST PALMIRA AVENUE	
CITY - ST - ZIP	TAMPA FL 33629	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARNONE, STEVEN ANDREW	
STREET ADDRESS	1204 EAST MOHAWK AVENUE	
CITY - ST - ZIP	TAMPA FL 33604	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	NATOLI, STEVEN	
STREET ADDRESS	4721 WEST BAY VISTA AVE.	
CITY - ST - ZIP	TAMPA FL 33611	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHOU, JESSIE	
STREET ADDRESS	6507 RUNNINWOODS DRIVE	
CITY - ST - ZIP	TAMPA FL 33634	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MILLENER, SCOTT	
STREET ADDRESS	1291 MCMULLEN BOOTH RD.	
CITY - ST - ZIP	CLEARWATER FL 33759	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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:

Signature Required

1-12-98

(813) 826-2119

CR2E094 (10/97)