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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105190 (7)

1. Corporation Name

SOUNDS OF PROFIT, INCORPORATED

Principal Place of Business

Mailing Address

540 NORTH WEST 4TH AVE., STE. 1901
FORT LAUDERDALE FL 33311

540 NORTH WEST 4TH AVE., STE. 1901
FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

650798268

X

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 1500 NW 19th Street

26 1500 NW 19th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

Zip

Country

Zip

Country

24 33311

25 USA

29 33311

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNEY, JOSEPH L JR
540 NORTH WEST 4TH AVE., STE. 1901
FORT LAUDERDALE FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1500 NW 19th Street

83

84 City

Fort Lauderdale

FL

85 Zip Code

33311

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MCKINNEY, JOSEPH JR
STREET ADDRESS 540 NORTH WEST 4TH AVE., STE. 1901
CITY-ST-ZIP FORT LAUDERDALE FL 33311

1.1 TITLE C/P/T ☐ Change ☒ Addition
1.2 NAME Directors S. M. M.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BRUNSON, ANTHONY
STREET ADDRESS 540 NORTH WEST 4TH AVE., STE. 1901
CITY-ST-ZIP FORT LAUDERDALE FL 33311

2.1 TITLE V/S ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

4/30/98 19980430-9450

CR2E034 (10/97)