

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P97000105190

1. Corporation Name  
SOUNDS OF PROFIT, INCORPORATED

Principal Place of Business  
1500 NW 19TH ST  
FT LAUDERDALE FL 33311  
US

Mailing Address  
1500 NW 19TH ST  
FT LAUDERDALE FL 33311  
US

REINSTATEMENT

SPACE

3. Date Incorporated or Qualified  
12/15/1997

2. Principal Place of Business

2a. Mailing Address

21 2688 NW 31st Avenue  
Suite, Apt. #, etc.

26 2688 NW 31st Avenue  
Suite, Apt. #, etc.

4. FEI Number  
65-0798268  
Applied For  
☒ Not Applicable

22 City & State  
Lauderdale Lakes, FL

27 City & State  
Lauderdale Lakes, FL

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

23 Zip Country  
33311 US

28 Zip Country  
33311 US

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNEY, JOSEPH L JR  
1500 NW 19TH ST  
FT LAUDERDALE FL 33311

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2688 NW 31st Avenue  
83  
84 City  
Lauderdale Lakes FL  
85 Zip Code  
33311

11. Pursuant to the provisions of Sections 607.0507 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPT  
MCKINNEY, JOSEPH JR  
540 NORTH WEST 4TH AVE., STE. 1901  
FORT LAUDERDALE FL 33311

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change  
3437 NW 29th Street  
Lauderdale Lakes, FL 33311

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change  
Mckinney, Joseph McKinney, Sr.  
2688 NW 31st Avenue  
Lauderdale Lakes, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change  
Frank Colson  
2688 NW 31st Avenue  
Lauderdale Lakes, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change  
900003089739-2  
-01/06/00--01002--027  
\*\*\*\*500.00 \*\*\*\*500.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change  
900003089739-2  
-01/06/00--01002--028  
\*\*\*\*250.00 \*\*\*\*250.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/99 (994) 730 9670  
Date Daytime Phone #