

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90098 007 \*\*\*150.00

DOCUMENT # P98000005231

1. Corporation Name

A SOUND CHOICE OF MELBOURNE, INC.

Principal Place of Business

15840-134 SR 50  
CLERMONT FL 34711-8720

Mailing Address

15840-134 SR 50  
CLERMONT FL 34711-8720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

59-3488668

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 the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2625 N US Hwy 1

Suite, Apt. #, etc.

22

City & State

23 MELBOURNE, FL

Zip

24 32935

Country

2a. Mailing Address

26 1795 E Hwy 50

Suite, Apt. #, etc.

27 STE A

City & State

28 CLERMONT FL

Zip

29 34711

Country

30

9. Name and Address of Current Registered Agent

GARRICK, DAVID JR  
15840-134 SR 50  
CLERMONT FL 34711-8720

10. Name and Address of New Registered Agent

81 Name

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

1795 E Hwy 50

83 STE A

84 City CLERMONT

FL

85 Zip Code

34711

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

4/30/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HIMMELBAUM, LAWRENCE E

STREET ADDRESS 4548 RIVERMIST DR

CITY-ST-ZIP MELBOURNE FL 32935-7163

TITLE D ☒ DELETE

NAME GARRICK, DAVID JR

STREET ADDRESS 15840-134 SR 50

CITY-ST-ZIP CLERMONT FL 34711-8720

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

352 243-0440

CR2E034 (11/98)

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