SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000059679

Country

9. Name and Address of Current Registered Agent

25

GLAVIN, GRACE ANNE ESQ.

1340 TUSKAWILLA RD WINTER SPRINGS FL 32708

MARK DIXON ACOUSTICS, INC.

Principal Place of Business 1101 SANTA CRUZ WY WINTER SPRINGS FL 32708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

1101 SANTA CRUZ WY WINTER SPRINGS FL 32708

Mailing Address

Suite, Apt. #, etc.

City & State

26

27

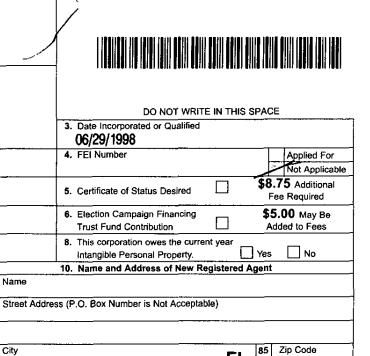
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Zip

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90010 008 ***550.00



agent. I	am familiar with, and accept the obligations of	f, section 607.0505, Flo	rida Statutes.	ion a poard of directors. The	resy assept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable. (N OFFICERS AND DIRECTORS		ITE: Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.			13.	ADDITIONS/CHANGE	
TITLE	D	L DELETE	1.1 TITLE		Change Addition
NAME	DIXON, MARK S		1.2 NAME		
STREET ADDRESS	1101 SANTA CRUZ WY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	·		3.4 CITY-ST-ZIP		
TITLE	•	DELETE	4.1 TITLE	u manakaki∏er	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	ja-		5.3 STREET ADDRESS		
CITY-ST-ZIP	,		5.4 C/TY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition

Country

81 Name

82

83 84 City

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

30

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 attack

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP