

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S07742** (7)
1. Corporation Name
TRUE DIMENSIONAL SOUND, INC.



Principal Place of Business 2600 DOUGLAS RD. SUITE 411 CORAL GABLES FL 33134	Mailing Address 2600 DOUGLAS RD. SUITE 411 CORAL GABLES FL 33134-6174
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3. Date Incorporated or Qualified 10/05/1990	3a. Date of Last Report 02/08/1996
4. FEI Number 65-0245605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1450 Madruga Avenue Suite, Apt. #, etc. 22 Suite 404 City & State 23 Coral Gables, FL Zip 24 33146	2a. Mailing Address 26 1450 Madruga Avenue Suite, Apt. #, etc. 27 Suite 404 City & State 28 Coral Gables, FL Zip 29 33146	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent KNECHT, STEPHEN M., ESQ. 2600 DOUGLAS RD. SUITE 411 CORAL GABLES FL 33134	
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10. Name and Address of New Registered Agent	
81 Name Knecht, Stephen M., Esq.	
82 Street Address (P.O. Box Number is Not Acceptable) 1450 Madruga Avenue	
83 Suite 404	
84 City Coral Gables	85 Zip Code FL 33146

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 *Stephen M. Knecht* **Stephen M. Knecht, VPD** **04/22/97**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARCIA, ARTURO J. 25323 SW 127TH PLACE MIAMI FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS KNECHT, STEPHEN M. ESQ. 2600 DOUGLAS RD. SUITE 411 CORAL GABLES FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALEN, CLARK 7606 PRESERVES COURT SARASOTA FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I do 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, changed, or in an attachment with an address.

SIGNATURE: *Clark Galen* **Clark Galen** **04/22/97** **(941) 359-0633**

CR2E034 (9/96)