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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # \$15402

(8)

FILED May 14 1997 8:00am Secretary of State

1. Corporation Name A A-1 QUALITY SOUNDS DISC JOCKEY ENTERTAINMENT, INC. Principal Place of Business Mailing Address 2445 GLENVIEW DR LAND O'LAKES FL 34639 LAND O'LAKES FL 34639					3. Date Incorporated or Qualified 12/01/1990 05/17/1996			
2. Principal	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For
21	· 12 ———————————————————————————————————	26				59-3040619		Not Applicable
Suite, Ap	ot. #, etc	Suite.	Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & St	ate	City &	State			6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip		Count	гу	8. This corporation has liability fo	r iptengible tax unde	r s. 199.032,
24	25 25 Name and Address of	29		30	······································	Florida Statutes 10. Name and Address of New F	Yes No	
	ARK, LESLIE M	Current Hagisteren A	Sent	8	1 Name	10. Name and Address of New P	Jagistatad Wilaut	
	45 GLENMEW DR			8	2 Stront Ad	dress (P.O. Box Number is Not Accept	abla)	
	IND O'LAKES FL 34639					oress (r.O. Dox Humber is 140t Accepts	able;	
				6:	3			
				8	4 City		85 Z	ip Code
					1		FL [
11. Pursual office o	nt to the provisions of Sections 6 r registered agent, or both, in th	607.0502 and 607.1508 e State of Florida. Such e obligations of Socia	B. Florida Statu h change was	ites, the abo authorized to	ve-named co by the corpor	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of changing purpos	g its registered as registered
11. Pursuar office o agent. I SIGNATURI	Signature, typed or printed name of regis					orporation submits this statement for the ration's board of directors. I hereby accured when reliatating) ADDITIONS/CHANGES TO OFF	DATE	
SIGNATURI	Signature: typed or printed name of rega- OFFICE	stered agent and title if applicat		TE: Registered A	gent signature rec	quired when reinstating)	DATE	ORS IN 12
SIGNATURI	Signature: typed or printed name of region OFFICE D PARK, WARREN E.	stered agent and title if applicat	ole (NO	TE: Registered A	gent signature rec	quired when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
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I am an officer or director of the corporation or the receiver or frustee 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:



4/30/97

(23)-6768