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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S33558

(5)

PINK NOISE, INC.

Principal Place of Business

9445 BIRD RD

Mailing Address

1700 N.E. 16TH TERRACE

FILED Mar 11 1997 8:00am Secretary of State



SUITE 107 Miami Fl 3316	۲	US	3412		
MIMMI PE BOTO	•	•		3. Date Incorporated or Qualified 02/22/1991	3a. Date of Last Report 01/29/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1718	N. VICTORIA PR Rd	26 1718 N. VICTI	ORIA PKR	d 65-0247965	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	4	6. Election Campaign Financing	\$5.00 May Be
23 Ft. L	ruderdale FL	28 Ft. Laudud	ale FL	Trust Fund Contribution	Added to Fees
Z(p ク 々 々	Country	Zip 33305	Country OSA	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes D No
24 <u>303</u>	9. Name and Address of Current		O COA	10. Name and Address of New Re	
EVI	OF, LINDA M	Hegisterbe Agont	81 Name		**
	O N.E. 16TH TERRACE			LOF LINOA I	7.
	LAUDERDALE FL 33305			dress (P.O. Box Number is Not Acceptal **NO VICTO RIB**** **PK*****************************	0(0)
ri. I	LAUDENDALE FL 33303		83	10. VICIORIA FR	<u>FE</u>
j			84 City	Loudendal.	FL 85 Zip Code
11. Pursuanti	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the above-named cor	rporation submits this statement for the	nurpose of changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligat	if Florida. Such chan ce was au	thorized by the corpora	ation's board of directors. I hereby acce	pt the appointment as registered
•	m taminai witit, and accept the obligat	ions of beetion correcto, non	ou omotos.		
SIGNATUHE	Stignaturi, Typed or profesdinanic of registered agent	and title if applicable (NOTE:	Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFR	
Milt	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	EKLOF, LINDA M		1.2 NAME		
STREET ADDRESS	1700 N.E. 16TH TERRACE		1.3 STREET ADDRESS		
CITY - S1 - ZIP	FT. LAUDERDALE FL 33305		1.4 CITY-ST-ZIP		
THE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C/TY+ST+Z/P			2. 4 CITY - ST - ZIP		
TOTLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-78			3.4. CITY - ST - ZIP		
TILLÉ		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY-ST-Z#P		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY - ST - ZiP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
COY - S1 - ZIP			6.4 CITY-ST-ZIP		
44 Lela hazzi	La sett that the information number	with this filing close not availib		led in Section 119 07/3Vi). Florida Statut	es. I further certify that the

indometery 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.

SIGNATURE:

JAU/9/97 (954)566-8298