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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S51523

(6)

1. Corporation Name

SOUNDS TERRIFIC, INC.

Principal Place of Business

18867 US HWY. 19 NORTH  
CLEARWATER FL 34624

Mailing Address

18867 US HWY. 19 NORTH  
CLEARWATER FL 34624-3122



3. Date Incorporated or Qualified  
05/08/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 6536 LINCOLN WAY N.

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG, FL

Zip

Country

24 33702

25

2a. Mailing Address

26 6536 LINCOLN WAY N.

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG, FL

Zip

Country

29 33702

30

4. FEI Number

59-3069026

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

HOFSTRA, PETER T., ESQ.  
8640 SEMINOLE BLVD.  
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PVD  
NAME HOFFMAN, IRWIN  
STREET ADDRESS 2871 WHISPERING DR., NORTH  
CITY-ST-ZIP LARGO FL 34641

DELETE

TITLE S  
NAME HOFFMAN, MICHELLE  
STREET ADDRESS 2871 WHISPERING DR., NORTH  
CITY-ST-ZIP LARGO FL 34641

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS 14153 WHISPERING DR.

1.4 CITY-ST-ZIP CLEARWATER, FL 34622

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS 14153 WHISPERING DR.

2.4 CITY-ST-ZIP CLEARWATER, FL 34622

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 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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

(813) 521-3011

Daytime Phone #

CR2E034 (9/96)