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

**PROFIT CORPORATION** ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S56822

Mailing Address

HI FI FO FUM ELECTRONICS CORP.

FILED								
Apr 25 1997 8:00am								
Secretary of State								

1901 W COPANS RD POMPANO BEACH FL 33064		1901 W COPANS RD POMPANO BEACH FL 33064-1517							
						3. Date Incorporated or Qualified 05/30/1991	3a. Date of Las		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				58-1946655		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution	g \$5.00 May Be Added to Fees		
Zip Country 25		Zφ	Country 30			This corporation has liability for in Florida Statutes	ir intangible tax under s. 199.032,		
	9. Name and Address of Currer					10. Name and Address of New Reg			
GITL	LIN, CHUCK			81	Name .				
3300	0 N E 191 ST NTURA FL 33180		_	82 Street Address (P.O. E		ress (P.O. Box Number is Not Acceptable	e)		
; AVE	MIONA FL 33100			83					
* ·				84	City		FL 85 Z	p Code	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	authorized	by the	namicd corp ne corporat	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing the appointment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title it applicable. (NC	TE Registered	Agen:	signaluru requi:	and which reinstating)	DATE.		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 70	l E			Chang	e 🔲 Addition	
NAME	GITLIN, CHUCH		1.2 NAI	ME					
STREET ADDRESS	3300 NE 191 ST		1.3 \$TA	RELAD	ORESS				
CITY-ST-ZIP	AVENTURA FL	1.4		Y-S1-	ZIP				
TITLE	V	☐ DELETE		21 TOLE			☐ Chang	e 🔲 Addition	
NAME -	B <b>EN</b> INCASA, FREDERICK		2 2 NAME						
STREET ADDRESS	4121 CORAL TREE CIR #234		2.3 STREET ADORESS		ORESS				
CITY-ST-ZIP	COCONUT CREEK FL		2.4 01	IY - \$1-	ZIP				
TITLE	☐ DELETE			31 TILLE		Chang	e 🔲 Addition		
NAME			3.2 NA1	ME					
,STREET ADORESS			33 STF	KEET AD	DERESS				
CITY-ST-ZIP			3.4 CI	Y-\$1-	ZIP			· •	
TITLE	רן סנונונ			4.1 TITLE			Chang	e 📙 Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	RET AC	ORESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CIT		7IP				
TITLE	L'I DELETE			5.1 TITLE			Chang	e Addition	
NAME			5.2 NA1						
STREET ADDRESS			5.3 S1F						
CITY-ST-ZIP		□ DECE24	5.4 CI1		21P		Пои		
TITLE		[] DELETE	6.1 717				∐ Chang	e Addition	
NAME			6.2 NAI						
STREET ADDRESS			G 3 STF						
CITY-ST-ZIP			6 4 CI1	Y - 51-	ZIP				

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this avoidal report or sypplementally 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 repetitor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 22 or Block, 13 if changed, of on an attachment with an address.