

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90032 007 ***158.75

DOCUMENT # V14778

1. Corporation Name
SOUND CHOICE INC.

Principal Place of Business
256 NW 9TH ST.
BELLE GLADE FL 33430

Mailing Address
P.O. BOX 1786
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/18/1992

4. FEI Number
65-0312492

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 349 S.E 3rd Street

2a. Mailing Address
26 P.O. Box 1786

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Belle Glade, Fl.

28 City & State
Belle Glade, Fl.

24 Zip 33430 25 Country USA

29 Zip 33430 30 Country USA

9. Name and Address of Current Registered Agent

WALKER, DOROTHY M
256 NW 9 ST
BELLE GLADE FL 33430

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 Dorothy Walker
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WALKER, SHIRLEY M	215 SW 6TH AVE	SOUTH BAY FL	<input type="checkbox"/>
V	WALKER, RALPH W	256 NW 9TH ST.	BELLE GLADE FL	<input type="checkbox"/>
D	WALKER, MAE EMILY	256 NW 9TH ST.	BELLE GLADE FL 33430	<input type="checkbox"/>
D	TURNER, JOHNNY	215 SW 6TH AVE SOUTH BAY	SOUTH BAY FL	<input type="checkbox"/>
D	WALKER, ROBERT	502 PALM GLADES DR.	BELLE GLADE FL 33430	<input type="checkbox"/>
ST	WALKER, DOROTHY M	256 NW 9TH ST.	BELLE GLADE FL 33430	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE: Dorothy Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99
Date
561-425333
Daytime Phone #

CR2E034 (11/98)