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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90021 038 ***150.00

DOCUMENT # V34792 1. Corporation Name

AUDIOPRINT INTERNATIONAL, INC.

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| Principal Place | | Mailing Address | | | · · · · · · | 1 140017 #3110880 141111 | DIBIL (BBID (BISD IID) DIDII (| | B 0 8 0 |
| 11350 66TH STREET NORTH | | | 11350 66TH STREET NORTH | | • | • • | | | |
| SUITE 112 | | SUITE 112 | | | | | | 00405 | _ |
| LARGO FL 34643 | | LARGO FL 34643 | LARGO FL 34643 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | 4.775 | | | | 3. Date Incorporated o 05/08/1992 | r Qualifed | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | ***** | 4. FEI Number | | Apr | plied For |
| $\overline{}$ | izac of Edulioss | 26 | | | | 59-3126315 | | 1 | Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | • | | \$8.75 A | dditional |
| 22 | | 27 | 27 | | | 5. Certifcate of Status | Desired | Fee Red | quired |
| City & Stat | :e | City & State | | | • | 6. Election Campaign | Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribu | ıtion | Added to | o Fees |
| Zip Country | | Zip | Zip Country | | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 | 29 | 30 | | | Personal Property T | | | □No |
| | 9. Name and Address of C | urrent Registered Agent | | | | 10. Name and Address | s of New Registered | Agent | |
| l | 11110 70011170 | | | 81 | Name | | | | |
| WILLIAMS, RICHARD J 11350 66TH STREET NORTH | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| | | | | Ш | | | | | |
| | TE 112 | | | 83 | | | | | |
| LAH | GO FL 34643 | | | 84 | City | | | 85 Zip C | Code |
| ļ | • | | | 1 1 | - | | FL | _ | |
| 11. Pursuant | to the provisions of Sections 60 | 7.0502 and 607.1508, Florida St State of Florida. Such change wa | atutes, the a | bove | -named corp | poration submits this statem ion's board of directors. The | ent for the purpose o | f changing its intment as rec | registered pistered |
| office or r | registered agent, or both, in the | State of Florida. Such change wa | 15 audiorized | ասայա | | ion a board or directors. The | neby accept the appe | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| agent. I a | im ramiliar with, and accept the t | obligations of, Section 607.0505, | Fiorida Stat | tutes. | • | | · | | |
| agent. I a | Signature, typed or printed name of register | red agent and title if applicable. (N | Fiorida Stat | d Agent | | ed when reinstating) | DATE | | |
| agent. I a SIGNATURE 12. | Signature, typed or printed name of register OFFICER | red agent and title if applicable. (NRS AND DIRECTORS | OTE: Registered | d Agent | | | | | |
| agent. I a | Signature, typed or printed name of register OFFICER DP | red agent and title if applicable. (N | OTE: Registered | Agent | | ed when reinstating) | | ND DIRECTO | RS IN 12 |
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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: