## 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

## **DOCUMENT # V56716**

1. Corporation Name

SOUND PLANNING DISTRIBUTORS, INC.

Principal Plac	on of Rusiness	Mail	ing Address	-			יפוס ונוס פרסול וספסי ווזוס סוונים ופסוס ווספון די 🚽	Y BUBU BUBU BUBU B	11 <b>0</b> 01 <b>010</b> 10 1001
Principal Place of Business Mailing Address 5726 S.W. 103RD AVE. 5726 S.W. 103RD AVE.									
FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 33328									
							DO NOT WRITE IN TH	IS SPACE	
	•						3. Date Incorporated or Qualifed		
							08/05/1992		
2. Principal P	lace of Business	2a. 1	hailing Address				4. FEI Number	Ap	plied For
21		26					65-0001542		t Applicable
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
22	27					~ -		- Fee Re	<del></del>
City & Stat	— ·						6. Election Campaign Financing	\$5.00	
23	Country 7in Cou			Country			Trust Fund Contribution	Added t	o Fees
Zip	Country	— <del>—</del>	h				8. This corporation owes the current year		151K .
24	25	29		30			Personal Property Tax.  10. Name and Address of New Registere		191No
	9. Name and Address of Curr	ent registe	ien Wäeut	81	Nan		10. Name and Address of New Registere	d Agent	
ARM	STRONG, DAVID B.								
5726 S.W. 103RD AVE				82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33328				83					
			[ 00	ļ				Į	
				84	City		F	85 Zip C	Code
44 Priming	to the provisions of Sections 607.0	E02 and 607	1E00 Florido Statutos	the about		ad same			
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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							*	·	
12.	Signature, typed or printed name of registered a OFFICERS	<u> </u>		13.	it signatu	ire sequired	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12
TITLE	DP ·	AND DIREC	DELETE	1.1 TETLE			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	ARMSTRONG, DAVID B.		<u></u>	1.2 NAME					
STREET ADDRESS	5726 S.W. 103RD AVE.			1.3 STREET					}
	FT. LAUDERDALE FL			1		~			
CITY-ST-ZIP	DV		□ DELETE	1.4 CITY-ST 2.1 TITLE	I-ZIP			Change	Addition
	ARMSTRONG, LANA C.						•	□ Change	
NAME	5726 S.W. 103RD AVE.			2.2 NAME					İ
STREET ADDRESS	FT: LAUDERDALE FL			2.3 STREET		SS			ł
TITLE	FT: CAUDENDALE PL		☐ DELETE	2. 4 CITY-S 3.1 TITLE	T-ZIP		<u> </u>	Change	Addition
Į.			L DELL'IL			ł		Change	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET		90			
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY-S	1-ДР	+		☐ Change	Addition
NAME	,			4					
				4. 2 NAME		!			
STREET ADDRESS				4.3 STREET		20			}
CITY-ST-ZIP			□ DELETE	4.4 CITY-ST 5.1 TITLE	I-ZIP	<del>                                     </del>	<del></del>	Change	Addition
TITLE			L DELLIL	5.1 IIILE 5.2 NAME				C Alignès	L. Addition
NAME CTREET ADORESS				5.3 STREET	<b>ADODE</b>	20			ł
STREET ADDRESS						~			\
CITY-ST-ZIP	_ <del></del>		☐ DELETE	5.4 CITY-ST 6.1 TITLE	-217			Change	Addition
TITLE			□ pereie	6.2 NAME		ĺ		☐ Change	Addition
NAME	Constitution of the			1	ADDOC				{
	well and the			6.3 STREET		20			
CITY-ST-ZIP	<u> 5 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2</u>			6.4 CITY-S7	-ZIP				

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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an entachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND DIFEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-22-99 954 434-349

**FILED** 

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90074 011 \*\*\*150.00