

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 217312 (8)

1. Corporation Name
AUDIO VISUAL EDUCATION COMPANY OF AMERICA



Principal Place of Business: % JALLAN OFFEN, M.D., 2001 N. OCEAN BLVD., #705, BOCA RATON FL 33431
Mailing Address: % JALLAN OFFEN, M.D., 2001 N. OCEAN BLVD., #705, BOCA RATON FL 33431

3. Date Incorporated or Qualified: 11/19/1958
3a. Date of Last Report: 06/26/1995
4. FEI Number: 59-0944538
5. Certificate of Status Desired: XX \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**OFFEN, J. ALLAN M.D.
2001 N. OCEAN BLVD.
#705
BOCA RATON FL 33431**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	XXX DELETE
NAME	OFFEN, HERBERT	
STREET ADDRESS	276 VENTNOR S.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33422	
TITLE	STD	DELETE
NAME	OFFEN, M. LOUIS	
STREET ADDRESS	1 WHIPPOORWILL CT.	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	Change Addition
NAME	OFFEN, J. ALLAN	
STREET ADDRESS	2001 N. OCEAN BLVD., #705	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Book 12 or Book 16 if changed, or an attachment with an address.

SIGNATURE: *J. Allan Offen* 6/13/96 301-493-4881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/96)