

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

**FILED**  
**Jan 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002877 (6)**

1. Corporation Name  
**AUDIO-VIDEO ENGINEERING CO.**



Principal Place of Business <b>8600 S. OCEAN DR. UNIT 1109                  JENSEN BEACH FL 34957</b>	Mailing Address <del>8600 S. OCEAN DR. UNIT 1109                  JENSEN BEACH FL 34957-2341</del>
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3. Date Incorporated or Qualified <b>06/10/1996</b>	3a. Date of Last Report <b>6/10/1996</b>
4. FEI Number <b>11-2621288</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>1 Pineapple Lane</b>	2a. Mailing Address <b>1 Pineapple Lane</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>Sewall's Point, FL</b>	28. City & State <b>Sewall's Point FL</b>
24. Zip <b>34996</b>	25. Country <b>USA</b>
29. Zip <b>34996</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent

**DRUCKER, ROLF**  
~~8600 S. OCEAN DR. UNIT 1109  
 JENSEN BEACH FL 34957~~

10. Name and Address of New Registered Agent

81. Name **DRUCKER, ROLF**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1 Pineapple Lane**

84. City **Sewall's Point** **FL** 85. Zip Code **34996**

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 *Rolf Drucker* DATE **1/10/97**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	<b>DRUCKER, OLGA M</b>	
STREET ADDRESS	<del>8600 S. OCEAN DR. UNIT 1109 JENSEN BEACH FL 34957</del>	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>DRUCKER, ROLF</b>	
STREET ADDRESS	<b>8600 S. OCEAN DR. UNIT 1109 JENSEN BEACH FL 34957</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1 Pineapple Lane, Sewall's Point, FL 34996</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1 Pineapple Lane, Sewall's Point, FL 34996</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sandra M. Stalder* DATE **1/13/97** DAYTIME PHONE # **561-219-3623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)