

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060099 (7)
1. Calendar Year
ADVANCE AUDIO & VIDEO, INC.

Principal Place of Business: **904 JAN MAR CT APT. E CLERMONT FL 34711**
Mailing Address: **904 JAN MAR CT APT E CLERMONT FL 34711**

2. Principal Place of Business: **21** Mailing Address: **26**
State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
ZIP: **24** (optional): **25** ZIP: **29** Locality: **30**

APPROVED AND FILED
07 MAY - 1 11:05:57
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasiest: **08/23/1993** 3a. Date of Last Report: **10/05/1994**
4. FEI Number: **59-3202749** 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 has liability for intangible tax under § 193(2)(B), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**OLENSKI, JESS A
173 CROWN POINT CR.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.05(6), and 607.15(6), 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 provisions of Sections 607.05(6), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

OFFICER	PVTS OLENSKI, JESS A 22 OAK LANE CLERMONT FL 34711
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.02(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report of fees and penalties and that my signature shall have the same legal effect and make such certificate, that I am an officer or director of the corporation 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 of this report, or on an attachment with an address.

SIGNATURE: *Jess A. Olenki*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95