


FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90011 028 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000060099

1. Corporation Name
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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1993

2. Principal Place of Business 21 4435 Lake Linda Rd	2a. Mailing Address 26 4435 Lake Linda Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Groveland FL	28 City & State Groveland FL
24 Zip 34746	25 Country
29 Zip 34746	30 Country

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 owes the current year Intangible Personal Property. 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

81 Name **Best Kept Books / Paula Tolley**

82 Street Address (P.O. Box Number is Not Acceptable)
963 W. JONATA ST

83

84 City **Clermont** FL 85 Zip Code **34711**

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 *Paula Tolley* **Paula Tolley** DATE **8-5-99**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PVTS	<input type="checkbox"/>
NAME	OLENSKI, JESS A	
STREET ADDRESS	22 OAK LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PVTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4435 Lake Linda Rd.		
1.4 CITY-ST-ZIP	Groveland FL 34746		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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 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, upon an attachment with an address.

SIGNATURE: *Signature* **SIGNATURE REQUIRED** DATE **7-15-99** DAYTIME PHONE # **352-255-6817**

CR2E034 (5/99)