FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 28 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 489013 (3)

1. Corporation Name
CENTRAL AUDIO VISUAL, INC.

Principal Place of Business	Mailing Address
1212 S. ANDREWS AVE. FT. LAUDERDALE FL 33316	1212 S. ANDREWS AVE. FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1975
3a. Date of Last Report: 04/29/1994

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

4. FEI Number: 59-1644139 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHWARTZ, D. ROBERT
1212 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33316

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: D. Robert Schwartz 7/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SCHWARTZ, D. ROBERT	1.2 NAME	SCHWARTZ,D. ROBERT
STREET ADDRESS	2109 NORTH 14TH AVE	1.3 STREET ADDRESS	1067 NW 7 Street
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	VT	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	LEVER, MICHAEL S.	2.2 NAME	LEVER,MICHAEL S.
STREET ADDRESS	7620 NW 96 TERRACE	2.3 STREET ADDRESS	7940 NW 90 AVE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	V	3.1 TITLE	VTD ☒ Change ☐ Addition
NAME	PARRISH, JEFFERY E	3.2 NAME	CLAHANE, GEORGE H.
STREET ADDRESS	2366 NW 34TH RD.	3.3 STREET ADDRESS	12 LONG ISLAND AVE
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	HOLTSVILLE, NY 11742
TITLE		4.1 TITLE	VD ☒ Change ☐ Addition
NAME		4.2 NAME	BALABAN, CRAIG M.
STREET ADDRESS		4.3 STREET ADDRESS	12 LONG ISLAND AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOLTSVILL, NY 11742
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. Robert Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/95 Date

305-522-3796 Daytime Phone #

0326020 CP