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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 489013 (3)

1. Corporation Name

CENTRAL AUDIO VISUAL, INC.



Principal Place of Business

1212 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316

Mailing Address

1212 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified  
11/05/1975

3a. Date of Last Report  
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, D. ROBERT  
1212 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33316

81 Name

Lever, Michael S

82 Street Address (P.O. Box Number is Not Acceptable)

1212 South Andrews Avenue

83

84 City

Ft Lauderdale

FL

85

Zip Code 33316

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

*Michael S. Lever*  
Signature of person making appointment as registered agent and the application

*Michael S. Lever, VICE PRESIDENT*  
(NOTE: Registered Agent signature required when reinstating)

*1/23/96*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SCHWARTZ, D. ROBERT

STREET ADDRESS 1067 NW 7THS T

CITY- ST- ZIP BOCA RATON FL

TITLE VSD ☐ DELETE

NAME LEVER, MICHAEL S.

STREET ADDRESS 7920 NW 90TH AVE

CITY- ST- ZIP TAMARAC FL

TITLE VTD ☐ DELETE

NAME CLAHANE, GEORGE H

STREET ADDRESS 12 LONG ISLAND AVE

CITY- ST- ZIP HOLTSVILLE NY

TITLE VD ☐ DELETE

NAME BAKABAN, CRAIG M

STREET ADDRESS 12 LONG ISLAND AVE

CITY- ST- ZIP HOLTSVILLE NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1067 NW 7 Street

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

Balaban, Craig M

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

V  
Chandler, Mark R  
464 Oriole Avenue  
Miami Springs, FL 33166

6.1 TITLE

☐ Change ☐ 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 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:

*Michael S. Lever*

Michael S. Lever

01/18/96 954-522-3796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)