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

PROFIT CORPORATION ANNUAL REPORT

1996

NAME

STHEET ACCORESS



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 489013

(3)

| CENTF | RAL AUDIO VISUAL, INC. | | | | |
|--|---|--|---|---|--|
| Principal Place | e of Business | Mailing Address | | | EA 1111 BJAST BINTI ATOT ALAKE ATOT DIDIT FANT |
| | | 1212 S. ANDREWS AVE. FT. LAUDERDALE FL 33: | | | |
| | | | | 3. Date Incorporated or Qualified 11/05/1975 | 3a. Date of Last Report 07/28/1995 |
| n ' | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 Suite, Apt. | # ob. | Suite, Apt. #, etc. | | 59-1644139 | Not Applicable |
| | n, ec. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | e | City & State | | 6. Election Campaign Financing | 55.00 May Be |
| 23 | 6 | 28 | | Trust Fund Contribution | Added to Fees |
| ZIP 24 | Country 25 | Zip [29] | Country 30 | 8. This corporation has liability for Florida Statutes | rintangible tax under s. 199.032, s. 🛣 No |
| ויי | 9. Name and Address of Curre | | 1001 | 10. Name and Address of New | |
| | | | 81 Name | Town Wichael | ^ |
| SCHWARTZ, D. ROBERT | | 82 Street Add | | Lever, Michael S Address (P.O. Box Number is Not Acceptable) | |
| 1212 SOUTH ANDREWS AVENUE | | | 1212 South Andrews Avenue | | |
| FURI L | AUDERDALE FL 33316 | | 63 | • | |
| | | | 84 City | | FI 85 Zip 33316 |
| | | | Oily | Ft Lauderdale | F[~ 33316 |
| 11. Pursuant t | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statutes | | | |
| 11. Pursuant t or register famil ar wi | to the provisions of Sections 607.050 red agent, or both, in the State of Flo ith, and aggept the obligations of Sec | 02 and 607.1508, Florida Statutes orda Such change was authorized ction 607.0505, Florida Statutes | | rporation submits this statement for the proporation of directors. I hereby accept the ap | |
| 11. Pursuant to or register familiar wi | to the provisions of Sections 607.050 red agent, or both, in the State of Florilih, and accept the abligations of Section 1.50 | | s, the above-named co d by the corporation's | rporation submits this statement for the pi board of directors. I hereby accept the ap | |
| SIGNATURE | Mulattan | MIGHTA S. L | s, the above-named co d by the corporation's l | proration submits this statement for the proporation of directors. I hereby accept the ap | urpose of changing its registered office pointment as registered agent. I am |
| | Mulattan | | s, the above-named co d by the corporation's | proration submits this statement for the proporation of directors. I hereby accept the ap | |
| SIGNATURE 12. | PD SCHWARTZ, D. ROBERT | MIGHTA SI LE ent airid tire. I applicable ND DIRECTORS | s, the above-named cod by the corporation's law the Corporation's law the Corporation is law to the Corporation in the Corporat | proration submits this statement for the proporation of directors. I hereby accept the application of directors and the second of directors. ADDITIONS/CHANGES TO OF | urpose of changing its registered office pointment as registered agent. I am |
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| SIGNATURE 12. THE NAM: SUBJECT ADDRESS CHY-SI-ZIP THE | PD SCHWARTZ, D. ROBERT 1067 NW 7THS T BOCA RATON FL VSD | MIGHTA SI LE ent airid tire. I applicable ND DIRECTORS | the above-named cod by the corporation's law the corporation in law the c | proration submits this statement for the proporation of directors. I hereby accept the application of directors and the second of directors. ADDITIONS/CHANGES TO OF | urpose of changing its registered office pointment as registered agent. I am |
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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 call; that I am an officer or phector of the corporation for 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 or an attachment with an address.

SIGNATURE:

Michael S. Lever

O1/18/96 954-522-3796

Bate Destrice Phone #

6.2 NAME

6 3 STREET ADDRESS 6 4 CITY - ST - ZIP CR2E034 (12/95)