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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33316-1836



3. Date Incorporated or Qualified  
11/05/1975

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

LEVER, MICHAEL S.  
1212 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33318

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHWARTZ, D. ROBERT  
STREET ADDRESS 1067 NW 7TH ST.  
CITY- ST- ZIP BOCA RATON FL

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

ND

☒ Change ☐ Addition

TITLE VSD  
NAME LEVER, MICHAEL S.  
STREET ADDRESS 7920 NW 90TH AVE  
CITY- ST- ZIP TAMARAC FL

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

PD

☒ Change ☐ Addition

TITLE VTD  
NAME CLAHANE, GEORGE H  
STREET ADDRESS 12 LONG ISLAND AVE  
CITY- ST- ZIP HOLTSVILLE NY

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VD  
NAME BALABAN, CRAIG M.  
STREET ADDRESS 12 LONG ISLAND AVE  
CITY- ST- ZIP HOLTSVILLE NY

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

VSD

☒ Change ☐ Addition

TITLE V  
NAME CHANDLER, MARK R.  
STREET ADDRESS 464 ORIOLE AVE.  
CITY- ST- ZIP MIAMI SPRINGS FL

☒ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S. LEVER

Date Daytime Phone #

4/24/97 954-522-3790

CP2E034 (9/96)