FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Apr 15 1997 8:00am Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # G01620** (5)SUN AUDIO VISUAL, INC. Principal Place of Business Mailing Address % CARLOS I. JAMES W CARLOS I. JAMES 617 VIRGINIA DR. 617 VIRGINIA DR. ORLANDO FL 32803 ORLANDO FL 32803-1857 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1982 04/18/1996 2a. Mailing Address 2. Principal Place of Business Applied For 59-2217011 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zφ Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi Name JAMES, CARLOS I. 817 VIRGINIA DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 **B3** 84 City 65 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE Change 1.1 TITLE Addition THRE JAMES, CARLOS I 1.2 NAME NAME **489 SUGAR RIDGE CT** 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 1.4 CHY-ST-ZIP CHY-S1-ZIP DELETE HILE 2.1 TITLE Change Addition NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS DITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE ☐ Change Addition TIRE 3.2 NAME NAMI STREET ADDRESS 3 3 STREET ADDRESS C/TY \$1 - 7/F 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET LACKORESS C01Y - S1 - 701 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 SYREET ADDRESS STREET ADORESS CITY - ST-ZIF 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS CITY-\$1-761 6.4 CITY-ST-ZIP

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 Bipock 23 if chapted, or on an Alachment with an address.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR CARLOS I. JAMES DRESIDENT

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