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

**PROFIT** 

Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J39966 (3)89 AV, INC. Principal Place of Business Mailing Address 1981 WATERFORD ESTATES DR. 1981 WATERFORD ESTATES OR **NEW SMYRNA BEACH FL 32188** NEW SMYRNA BCH. FL 32168 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 10/29/1986 2a. Mailing Address 2. Principal Place of Business 4, F£I Number Applied For 59-2751074 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GROOMS, LESTER E. 1981 WATERFORD ESTATES DR. 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32168** 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change \_\_\_ Addition 1.1 TITLE TITLE GROOMS, LESTER E. NAME 1.2 NAM **CR2E034** 1981 WATERFORD ESTATES DR. STREET ADDRESS 13 STREET ADDRESS NEW SMYRNA BEACH FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GROOMS, CAROL F. NAME 2.2 NAME 1981 WATERFORD ESTATES DR. STREET ADDRESS 23 STREET ADDRESS NEW SMYRNA BEACH FL CITY-ST-ZIP 2 4 CITY-S1-ZIP DECETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 DITY - ST - ZIP DELETE Addition TITLE 6 1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP 14. Thereby 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

ELORIDA DEPARTMENT OF STATE

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