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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # K7413 Audio Visual, Inc.	9 (2)			
Principal Plac	e of Business	Mailing Address			#1911 B1911 B1911 G1911 B1811 B1811 1081
% STANLEY A. GOLDSMITH 1605 MAIN STREET. SUITE 1001 SARASOTA FL 34236		STANLEY A. GOLDSMIT 1605 MAIN STREET. SUITE SARASOTA FL 34236-5861	E 1001		
บร		US		 Date Incorporated or Qualified 03/20/1989 	3a. Date of Last Report 05/01/1996
·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		65-0111148	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in	intangible tax under s. 199.032, Yes 🛮 No
	9. Name and Address of Cur			10. Name and Address of New Re	····
	DSMITH, STANLEY A		81 Name		
1605 MAIN STREET STE. 1001			82 Street Add	iress (P.O. Box Number is Not Acceptab	ile)
	ASOTA FL 34236		83	the contract of the contract o	
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statu	tes the above-named cor	poration submits this statement for the p	
office or r agent I a SIGNATURE	registered agent, or both, in the St im familiar with, and accept the ob- Stgmith, typed or printed name of imposers:		authorized by the corporal lorida Statutes. TE: Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THLE	DPTS	☐ DELETE	1.1 TITLE		Change Addition
NAME	SEIFERT, BARBARA A. 1743 INDEPENDENCE BOULEVARD		1.2 NAME		
STREET ADDRESS	SARASOTA FL 34234	TEAND	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	PARCASE, PHILIP		2.2 NAME		
STREET ADDRESS	177		2.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34234	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME		□ DETELE	3 1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-S1-Zip			3 4. CITY-ST-ZIP		
THUE		☐ DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-SI-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		[1] Direct	5.1 TITLE 5.2 NAME		CHOUSE CHARACTER
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
City-St-ZiP			5.4 CITY-ST-ZIP		
TIELF		DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
6.75 61 200			A 4 DIEV 07 TIO		

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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Feb 28 1997 8:00am

Secretary of State