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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**
95 APR 19 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L82337** **(1)**

1. Corporation Name
**AUDIO VIDEO UNLIMITED INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6722 FOREST HILLS BLVD<br>W PALM BEACH FL 33413<br>US | 6722 FOREST HILL BLVD<br>W PALM BEACH FL 33413<br>US |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 06/20/1990 | 04/26/1994 |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 6722 FOREST HILL BLVD | 2a. Mailing Address<br>26 6722 FOREST HILL BLVD | 4. FEI Number<br>65-0207652 | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State<br>23 GREENACRES | City & State<br>28 GREENACRES | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip / Country<br>24 33413 / 25 FLORIDA | Zip / Country<br>29 33413 / 30 FL | 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 |
|---|---|
| TERRY, IRENE & TERRY G<br>6722 FOREST HILL BLVD<br>W PALM BCH FL 33413 | 81 Name: IRENE TERRY + GRAHAM TERRY<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 6722 FOREST HILL BLVD<br>84 City: GREENACRES FL 85 Zip Code: 33413 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | TERRY, GRAHAM & TERRY I | 1.2 NAME | |
| STREET ADDRESS | 6722 FOREST HILL BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | TERRY, IRENE | 2.2 NAME | |
| STREET ADDRESS | 6722 FOREST HILL BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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, or on an attachment with an address.

**SIGNATURE:** IRENE TERRY — APRIL 10TH 1995 — 407 966 1299
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000169 CP