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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P24865

(8)

DOCUMENT #
1. Corporation Name **AUDIO-VIDEO CORPORATION**

	·
Principal Place of Business	Mailing Address

213 BROADWAY MENANDS NY 12204



WEIGHIDD 11. 1550.						
					3. Date Incorporated or Qualified 06/21/1989	3a. Date of Last Report 03/21/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 14-1426006	Applied For Not Applicable
21		[26]			14 1420000	
Suite, Apt. #,	etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Otty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip	Cou	ntrv	8. This corporation has liability for inte	angible tax under s. 199.032,
Zip	— · · ·	29	30	,	Florida Statutes Yes	
24	25		[30]		10. Name and Address of New Reg	gistered Agent
	9. Name and Address of Cu	irrent negistered Agent		81 Na		
	PORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) JTH PINE ISLAND ROAD					
	TION FL 33324			83		
		84 Orly		FL 85 Zip Code		
				1		

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 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.

12.	gnature, typed or printed name of registered agont and title OFFICERS AND DIRE		TE: Registered Agent aignature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IITLE	PD	☐ DELETE	1, 1 TITLE	Change Addition
NAME	KLARSFELD, THEODORE		1.2 NAME	
STREET ADDRESS	WORMER ROAD		13 STREET ADDRESS	
ITY-ST-ZIP	VOORHEESVILLE NY		1.4 CITY - S1 - ZIP	
ITLE	V	DELETE	2 1 TILLE	Change Change Additio
AME	DOODY, ROBERT		2.2 NAME	
TREET ADDRESS	31 STRATTON ROAD		2 3 STREET ADDRESS	
STY-ST-ZIP	DELMAR NY 12054		2.4 CITY - ST - ZIP	
ITLE	STD	DELETE	3. 1 TITLE	Change Additio
AME	MEADER, MARTHA		3.2 NAMÉ	
TREET ADDRESS	WORMER ROAD		3.3 STREET ADDRESS	
CITY-ST ZIP	VOORHEESVILLE NY 12186		3.4 CITY - ST - ZIP	
TLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
AME			4 2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4.0(1Y - ST - ZIP	
ITLE		DELETE	5 1 THTLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	
DITY-ST-ZIP			5.4 CiTY-ST-ZIP	
ITLE		☐ DELETE	6 1 TITLE	Cnange Additi
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CiTY - S1 - ZIP	for the exemption stated in Section 119 07/3/fk) Florida Statutes I further

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)(k). 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 cart; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLANTAGE OF SIGNING OFFICER OR DIRECTOR

PLANTAGE OF SIGNING OFFICER OR DIRECTOR

PLANTAGE OF SIGNING OFFICER OR DIRECTOR