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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P24865

(8)

**AUDIO-VIDEO CORPORATION** 

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FILED
May 19 1998 8:00am
Secretary of State



Principal Pla	ace of Business	Mailing Address						
213 BROADWAY		213 BROADWAY						
MENANDS NY 12804		MENANDS NY 12204				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						06/21/1989		
2. Principal	I Place of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26				14-1426006 Not Applicat		· <del>······</del>
Suite, Ar	ot. #. etc.	Suite, Apt. #, etc.					\$8.75	
22	-	27				5. Certificate of Status Desired	Fee Re	
City & St	tale	City & State				Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Added	
Zip	Country Zip Cou			ntry		B. This corporation owes or has paid the curre		
24	25	29	30			_		No
	9. Name and Address of Curren		1			10. Name and Address of New Registered A	gent	
C	T CORPORATION SYSTEM			81	Name			
	200 SOUTH PINE ISLAND ROAD		-	82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
	PLANTATION FL 33324			20	Sileet Addie	ess (P.O. Box Number is Not Acceptable)		
-			T I	83				
							II -	
			ľ	84	City	FL	<b>85</b> Zip I	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 Signature: typed or printed minw-of-registered agent and take it applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		S IN 12
TITLE	PO	☐ DELETE	1.1 701	1.1 TITLE			Change	Addition ]
NAME	KLARSFELD, THEODORE		1.2 NA	ΜE				
STREET ADDRES			1.3 ST		ADDRESS			į i
CITY-ST-ZIP	VOORHEESVILLE NY		1.4 CfT	Y-\$1	1 - ZIP			
TITLE	VO	☐ DELETE	DELETE 2.1 TITL				Change	Addition (
NAME	DOODY, ROBERT		2.2 N/					
STREET ADDRES			2.3 \$		ADDRESS			
CITY-ST-ZIP	DELMAR NY		2. 4 CIT		ST-ZIP			
TITLE	SID	LII DELETE	DELETE 3.170				Change	Addition
NAME	MEADER, MARTHA		3.2 NAME					
STREET ADDRES	WORMER ROAD		3.3 STREET ADDRESS		ADDRESS			İ
CITY-ST-ZIP	VOORHEESVILLE NY 12186	V-1.			ST-ZIP		_	
TITLE	-		4.1 1(1)	LE			Change	Addition
NAME			4 2 NA	ME				
STREET ADDRES	es		4.3 STREET		ADDRESS			
CITY-ST-ZIP			4.4 CiTY-5		T - ZIP			
TITLE		☐ DELETE	51717	LE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRES	ss	53		AEET	ADDRESS			
CITY-ST-ZIP				Y-5	51 - ZIP			
TITLE	DELETE		61111	6 1 TITLE			Change	Addition
NAME			62 NA	ME	-			
STREET ADDRES	ss		63 STF	REET	ADDRESS			İ
CITY-ST-ZIP			6 4 CIT	Y-S	I-ZIP			
						0 4 440 65/65/3 Et 11 0 4 5 17 11	are at a star	

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 suppliemental 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 trusted 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.

II , M. 1/11/ 1-100 518,009.711