

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:22

DOCUMENT # P92000004987 (3)

1. Corporation Name

ADVANCED AUDIO VISUAL, INC.

Principal Place of Business

4024 SR 39
ZEPHYRHILLS FL 33540
US

Mailing Address

PO BOX 1206
ZEPHYRHILLS FL 33539
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3150417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HIEMAN, KIMBERLY
36212 CR 54 WEST
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81. Name

KIMBERLY SAMONEK

82. Street Address (P.O. Box Number is Not Acceptable)

83.

36212 CR 54 WEST

84. City

ZEPHYRHILLS

FL

85. Zip Code

33541

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

Kimberly Samonek

KIMBERLY SAMONEK

01-10-95

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HIEMAN, KIMBERLY
STREET ADDRESS	36212 CR 54 WEST
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☐ Change ☐ Addition
1.2 NAME	KIMBERLY SAMONEK	
1.3 STREET ADDRESS	36212 CR 54 WEST	
1.4 CITY - ST - ZIP	ZEPHYRHILLS, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 oath; that I am an officer or director of the corporation or the resolver 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:

Kimberly Samonek

KIMBERLY SAMONEK

01-10-95

780-1780

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number