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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000009909 (2)

AVP, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- 10 Miles (10 to 10 14 14 06 11 00 11 68 (11 04 1	16 88 668 18318 18311 8	10119 1911 1001
2732 NORTHEAST 28TH STREET 2732 NORTHEAST 28TH								
FORT LAUDE	ADALE FL 33306	FORT LAUDERDALE FL	PRT LAUDERDALE FL 33306			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						12/07/1992		
2. Principal P	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For
21		26	_ _ _ _ _ _ _ _ _ _			65-0378160		Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	}			5. Certificate of Status Desired		Additional
22 City R Ctol		City P. State	City & State			 		Required
City & State	U	·	28			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country		Zip Country			8. This corporation owes or has paid the current year intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
TA	LLEY, ROBERT			81	Name			
	5 SE ABREEZE BLVD.		82 Street		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ITE 221							
FO	RT LAUDERDALE FL 33316		83					
				84	City		FL 85 Zip	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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
				Agei	nt signature require	ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTO	DRS IN 12
TITLE				13.		ADDITIONS/CITAINGES TO OFFICENS	Change	
NAME	ADAMS, THOMAS W		1.2 NAME					
STREET ADDRESS	2732 NE 28 STR				ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CI	1.4 CITY - S1 - ZIP				
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NA	2.2 NAME				
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CI	****	T-ZIP			
TITLE		☐ DELETE	3.1 ₹(1,1,€				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP			Change	Addition
TITLE NAME	DECER		4.1 TITLE 4.2 NAME				□ cuarde	LT VOORDU
STREET ADDRESS	s			4.3 STREET ADDRESS				
CITY-ST-ZIP								
TITLE		DELETE	4.4 CITY - : 5.1 TITLE		<u> </u>		Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT					
TITLE		☐ DELETE	6.1 TII				Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET,	ADDRESS			
CITY-ST-ZIP			6.4 CI					
14. I hereby o	certify that the information supplied	d with this filing does not qualify t	for the exe	mpt	ion stated in S	Section 119.07(3)(i), Florida Statutes. I furth	er certify that th	ne 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 of an attachment with an address.