

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra W. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000045038 (5)**

1. Corporation Name

AV PRO SALES, INC.



Principal Place of Business

**1443 LEMON BAY DRIVE
ENGLEWOOD FL 34223
US**

Mailing Address

**1443 LEMON BAY DRIVE
ENGLEWOOD FL 34223
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GUENTHER, JONATHAN H
1443 LEMON BAY DRIVE
ENGLEWOOD FL 34223**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
04/10/1995

4. FBI Number

65-0417010

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

10. Name and Address of New Registered Agent

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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PTD	GUENTHER, JONATHAN H	1443 LEMON BAY DRIVE	ENGLEWOOD FL	☐
VSD	GUENTHER, MAUREEN E	1443 LEMON BAY DRIVE	ENGLEWOOD FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

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 199.02(4)(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 registered agent or authorized 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 to this filing.

SIGNATURE:

Maureen Guenther Maureen Guenther 3-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)