

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000084873 (7)

1. Corporation Name
SOUTHERN AUDIO VISUAL CONTRACT SERVICES, INC.



Principal Place of Business: **1819 KINGS AVE SUITE 390 JACKSONVILLE FL 32207 US**
Mailing Address: **1819 KINGS AVE SUITE 390 JACKSONVILLE FL 32207 US**

2. Principal Place of Business: **21** Subc. Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Subc. Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **12/06/1993**
3a. Date of Last Report: **06/02/1995**
4. FTN Number: **59-3213120** 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

9. Name and Address of Current Registered Agent
**BRESLUN, GEORGE W
1819 KINGS AVE
SUITE 390
JACKSONVILLE FL 32207**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.003 and 607.1604, 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 Sections 607.003 and 607.1604 Florida Statutes.

SIGNATURE _____ DATE _____
12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																											
<table border="1"> <tr><td>TITLE</td><td>DP</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td>BRESLUN, GEORGE W</td><td></td></tr> <tr><td>STREET ADDRESS</td><td>1819 KINGS AVE</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE FL</td><td></td></tr> </table>	TITLE	DP	<input type="checkbox"/> DELETE	NAME	BRESLUN, GEORGE W		STREET ADDRESS	1819 KINGS AVE		CITY-ST-ZIP	JACKSONVILLE FL		<table border="1"> <tr><td>1. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>2. NAME</td><td></td><td></td></tr> <tr><td>3. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>4. CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME			3. STREET ADDRESS			4. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP	<input type="checkbox"/> DELETE																										
NAME	BRESLUN, GEORGE W																											
STREET ADDRESS	1819 KINGS AVE																											
CITY-ST-ZIP	JACKSONVILLE FL																											
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
2. NAME																												
3. STREET ADDRESS																												
4. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
<table border="1"> <tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td>SMITH, LAYTON F</td><td></td></tr> <tr><td>STREET ADDRESS</td><td>1819 KINGS AVE</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE FL</td><td></td></tr> </table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	SMITH, LAYTON F		STREET ADDRESS	1819 KINGS AVE		CITY-ST-ZIP	JACKSONVILLE FL		<table border="1"> <tr><td>5. TITLE</td><td></td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr> <tr><td>6. NAME</td><td>VP</td><td></td></tr> <tr><td>7. STREET ADDRESS</td><td>Scott, Caryn</td><td></td></tr> <tr><td>8. CITY-ST-ZIP</td><td>1819 Kings Avenue</td><td></td></tr> <tr><td>9. CITY-ST-ZIP</td><td>Jacksonville, FL 32207</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	5. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6. NAME	VP		7. STREET ADDRESS	Scott, Caryn		8. CITY-ST-ZIP	1819 Kings Avenue		9. CITY-ST-ZIP	Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE																										
NAME	SMITH, LAYTON F																											
STREET ADDRESS	1819 KINGS AVE																											
CITY-ST-ZIP	JACKSONVILLE FL																											
5. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
6. NAME	VP																											
7. STREET ADDRESS	Scott, Caryn																											
8. CITY-ST-ZIP	1819 Kings Avenue																											
9. CITY-ST-ZIP	Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
<table border="1"> <tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<table border="1"> <tr><td>10. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>11. NAME</td><td></td><td></td></tr> <tr><td>12. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>13. CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	10. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	11. NAME			12. STREET ADDRESS			13. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> DELETE																										
NAME																												
STREET ADDRESS																												
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
10. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
11. NAME																												
12. STREET ADDRESS																												
13. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
<table border="1"> <tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<table border="1"> <tr><td>14. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>15. NAME</td><td></td><td></td></tr> <tr><td>16. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>17. CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	14. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	15. NAME			16. STREET ADDRESS			17. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> DELETE																										
NAME																												
STREET ADDRESS																												
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
14. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
15. NAME																												
16. STREET ADDRESS																												
17. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
<table border="1"> <tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<table border="1"> <tr><td>18. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>19. NAME</td><td></td><td></td></tr> <tr><td>20. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>21. CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	18. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	19. NAME			20. STREET ADDRESS			21. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> DELETE																										
NAME																												
STREET ADDRESS																												
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
18. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
19. NAME																												
20. STREET ADDRESS																												
21. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																										

14. I do hereby certify that the information reported in this report is true and correct, and that the 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on the attachment, at the address.

SIGNATURE: *George Breslun* **3/16/96** **3981591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)