

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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRESLUN, GEORGE W	
STREET ADDRESS	1819 KINGS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LAYTON F	
STREET ADDRESS	1819 KINGS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott, Caryn	
STREET ADDRESS	1819 Kings Avenue	
CITY-ST-ZIP	Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information reported on 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 to this report.

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

CR2E034 (12/95)