FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 12:02

DOCUMENT # **P94000009276 (4)**

1. Corporation Name

AUDIO VISUAL TEXT INFORMATION SERVICES, INC.

Principal Place of Business	Mailing Address
800 NORTH MAGNOLIA AVE. SUITE 1500 ORLANDO FL 32803	P.O. BOX 691294 ORLANDO FL 32869

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:

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

4. FEI Number: 59-3223397 ☐ 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

DANIELS, ALAN H
800 NORTH MAGNOLIA AVE.
SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when filing by mail) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	KLINE, TIMOTHY C	12 NAME		
STREET ADDRESS	12522 BRAXTED DR.	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	S/T	☒ Change ☐ Addition
NAME	SCHENDORF, MARK	22 NAME		
STREET ADDRESS	137 HAVILLAND POINT	23 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MCALPIN, MICHAEL	32 NAME		
STREET ADDRESS	2455 HUNTERFIELD RD.	33 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SCHLAGHECK, TIMOTHY	42 NAME		
STREET ADDRESS	103 SHIPLEY COURT	43 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ESTES, DAVID L	52 NAME		
STREET ADDRESS	205 HICKORY DR.	53 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	KANDZER, RONALD	62 NAME		
STREET ADDRESS	91 PARTRIDGE CIRCLE	63 STREET ADDRESS		
CITY ST ZIP	WINTER SPRINGS FL	64 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)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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: _____ 5/30/95 407-774-6926
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
Date Daytime Phone #

041P09 FP