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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019560 (9)

SOUTHERN AUDIO VISUAL, INC.

Principal Place of Business Mailing Address 1550 NW 79TH AVE P O BOX 527805

FILED Jun 03 1997 8:00am Secretary of State



Miami PL 3312 US	•	US US							
•		V -				3. Date Incorporated or Qualified 03/14/1994	3a. Date of 01/24/1		eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	J	Ар	olied For
21		26				65-0474211			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7		dditional
22 City 9 State		27 City 8 Ctata						Fee Re	·
City & State	9	City & State				6. Election Campaign Financing		5.00 Added to	
23 Zip	Country	Zip	Col	intry		Trust Fund Contribution			
24	25	29	30	y		8. This corporation has hability for i	ntangible tax t Yes No		199.032,
24	9. Name and Address of Curre		30	Γ		10. Name and Address of New Reg			
BRO	DIE, STEVEN			81	Name				
	ien, Berke, Bernstein				0	(6.6.6.1)			
	S BAYSHORE DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	VII FL 33133			63					
Min a	m 1			84	Carr		Tor	1 7 in C	'ada
					City		FL 85	'	İ
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida Such change wa pations of, Section 607.0505,	tutes, the al s authorize Florida Stal	bove d by tutes	e-named corpora the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chai t the appointm	nging its nent as i	registered egistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (N	OTE: Registere	d Age	ont signature requi	red when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12
TITLE	DPST	DELETE	1.1 TI	TLE				Change	Addition
NAME	LOWENTHAL, PAUL		1.2 N	AME					
STREET ADDRESS	1550 NW 79TH AVE		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CI	1.4 CITY - ST - ZIP					
TITLE	V	☐ DELETE	2.1 70	TLE				hange	☐ Addition
NAME	BRODIE, DAVID		2.2 N	AME					
STREET ADDRESS	1550 NW 79TH AVE.		235	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL.		2 4 0	HTY - S	ST - ZIP				
TITLE		DELETE	3 1 Ti	TLE				hange	Addition
NAME			3.2 N/	AME	1				
STREET ADDRESS			3.3 \$1	IREET	ADDRESS				
CITY-ST-ZIP			3.4. C	11Y - S	ST-ZIP				
TITLE		☐ DELETE	4.1 7/	TLE				hange	Addition
NAME			4. 2 N	AME					
			4.3 S1	TREET	ADDRESS				
OIT OF ALL			4 4 CI	TY-S	T-71P				
TITLE		☐ DELETE	5.1 11	TLE				hange	☐ Addition
NAME			5.2 N/	AME	[
STREET ADDRESS			5.3 S1	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-5	T-ZIP				
TITLE		DELETE	6.1 TI	TLE				hange	Addition
NAME			6.2 N/	AME	1				
STREET ADDRESS			6.3 \$1	(REE)	ADDRESS				
CITY-ST-ZIP			640	ITY-S	T-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual poport 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 confortation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 I changed, or on an adactiment with an address.

5/27/92