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FILED  
May 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000054542 (3)

1. Corporation Name

AUDIO VIDEO ODYSSEY, INC.



Principal Place of Business

36466 U.S. 19 NORTH  
PALM HARBOR FL 34684

Mailing Address

36466 U.S. 19 NORTH  
PALM HARBOR FL 34684-1330

2. Principal Place of Business

21 36362 US 19 NORTH

Suite, Apt. #, etc.

22

City & State

23 PALM HARBOR, FL

Zip

24 34684

Country

25 USA

2a. Mailing Address

26 36362 US 19 NORTH

Suite, Apt. #, etc.

27

City & State

28 PALM HARBOR, FL

Zip

29 34684

Country

30 USA

3. Date Incorporated or Qualified

07/22/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3256292

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

BLAHA, CANDACE L  
36466 U.S. 19 NORTH  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

B1 Name

BLAHA, CANDACE L.

B2

36362 US 19 NORTH

B3

B4

CITY PALM HARBOR

FL

B5 Zip Code 34684

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

CANDACE L. BLAHA, PRES.

Candace L. Blaha, Pres.

4-28-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BLAHA, CANDACE L  
STREET ADDRESS 36466 U.S. 19 NORTH  
CITY - ST - ZIP PALM HARBOR FL

TITLE VD ☐ DELETE

NAME BLAHA, JON C  
STREET ADDRESS 36466 U.S. 19 NORTH  
CITY - ST - ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

36362 US 19 NORTH  
PALM HARBOR, FL. 34684

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

36362 US 19 NORTH  
PALM HARBOR, FL. 34684

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 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 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 with an address.

SIGNATURE:

CANDACE L. BLAHA, PRES. Candace L. Blaha 4-28-97 813-784-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)