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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # NORK AUDIO VIDEO, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Capacitation.

在1996年,1996

Zip



2a. Mailing Address

City & State

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9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

Secretary of State DIVISION OF CORPORATIONS

P94000087466 (6)

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WEST PALM BEACH FL 33401

505 SOUTH FLAGLER DRIVE STE. 1330

DUBOIS, SILVIA R

| North Addio Hoto, Inc. | |
|---|---|
| Principal Place of Business | Mailing Address |
| 12751 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411 | 12751 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411 |

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1995 4. FEI Number Applied For 65-0545967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

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 agont, 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 agont. Lam lamiliar with and accept the obtainings of Section 607 0505. Florida Statutes

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|-----------------|---|------------------------|-------------------------------|---------------------------|---|--------|----------|
| SIGNATURE | Signature, typed or prefiled name of regulered agent and title if app | escable (NOTE: | Registered Agent signature re | equired when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | T 13. | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | \$ | ☐ DELE TE | 1.1 TITLE | | | Change | Addition |
| NAME | DUBOIS, SILVIA R | | 1.2 NAME | | | | |
| STREET ADDRESS | 505 SO. FLAGLER DRIVE STE. 1330 | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CITY - ST - ZIP | | | | |
| TITLE | PD | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | NORK, JOSEPH J JR. | | 2.2 NAME | | | _ | |
| STREET ADDRESS | 12751 ORANGE GROVE BLVD. | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-2IP | ROYAL PALM BEACH FL | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 3.1 TITLE | ····· | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | • | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | • | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | • | | | |
| CFTY - ST - ZIP | | | 5.4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| | | | | | | | |

14. 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

14-6-28 561-798-4938

Zip Code

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