

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000093989 (9)**

1. Corporation Name

**AUDIO VIDEO VIRTUALITY, INC.**

Principal Place of Business

3487 N.E. 163 STREET  
NORTH MIAMI BEACH FL 33160

Mailing Address

3487 N.E. 163 STREET  
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business

21 | Suite, Apt. #, etc.

22 | City & State

23 | Zip

24 | Country

9. Name and Address of Current Registered Agent

**WELCH, DAVID  
3600 MYSTIC POINTE DR #110  
NO. MIAMI BEACH FL 33180  
AVENUTRA, 33180**

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

*DAVID WELCH* **DAVID WELCH** *President*

*1/23/96*

DATE

Signature typed or printed name of signing agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P DAVID WELCH	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3487 NE 163 STREET		1.2 NAME	
CITY ST-ZIP	N. MIAMI BEACH FL 33160		1.3 STREET ADDRESS	
NAME	VIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS	DANA WELCH		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST-ZIP	3487 NE 163 STREET		2.2 NAME	
NAME	N. MIAMI FL 33160		2.3 STREET ADDRESS	
STREET ADDRESS			2.4 CITY-ST-ZIP	
CITY ST-ZIP			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY ST-ZIP			3.4 CITY-ST-ZIP	
NAME		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME	
CITY ST-ZIP			4.3 STREET ADDRESS	
NAME			4.4 CITY-ST-ZIP	
STREET ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST-ZIP			5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY ST-ZIP			6.4 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)(k), 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, 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, changed, or on an attachment with an address.

SIGNATURE: *DAVID WELCH* **DAVID WELCH** *PRESIDENT* *1/23/96* *9453535*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)