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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500008814 (2)

AUDIO VIDEO CONCEPTS, INC.								
Principal Place of Business Mailing Address				•	- I IODRIBBI IIO IDIDI DIRIF DUNI DURI D	ARRE MARK MARAT RAI	O) (OIR) III	JIL QUET FORT
1040 PEARL TREE RD DELTONA FL 32725 1040 PEARL TREE RD DELTONA FL 32725					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					01/30/1995			
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number		Ar	pplied For
21 26					59-3299832	 ,		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State					6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	<i>!</i>	8. This corporation owes or has p			
24	g, Name and Address of Curren		10		Personal Property Tax due June 10. Name and Address of New Re			S No
DE	YNOLDS, MARY	t Hegistered Agent	81	Name	IV. Name and Address of New A	Misteren Måe	in	
879 N VOLUSIA AVE, STE B								
ORANGE CITY FL 32763			82	Street Addre	ess (P.O. Box Number is Not Accepta	ole)		
•			83		· · · · · · · · · · · · · · · · · · ·			
			84	City		FL	5 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	le-named corp	oration submits this statement for the	nurnose of chr	anging it	s registered	
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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							registered	
SIGNATURE								
	Signature, typicd or printed name of registered ager	·		ent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
NAME	PALACIOSO, JULIAN A		1.1 TITLE			L.	Change	☐ Addition
STREET ADDRESS	AAAA BEAGU WEEE DO		1.2 NAME					
CITY-ST-ZIP	DELTONA FL 32725		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
TITLE			2.1 TITLE	1-217			Change	Addition
NAME	(BEFORE) ALLEY PA		2.2 NAME			_	-	
STREET ADDRESS	600 TOHALOID		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751		2. 4 CITY-5					
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S	ST-ŽIP				
TITLE		☐ DELET E	4.1 TITLE				Change	Addition
NAME			4. 2 NAME	- 1				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	······································		4.4 CITY - S	T-ZIP			<u>.</u>	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		T priese	5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			L	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS	·			

CITY-ST-ZIP

14. I 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 of 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 of 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.