

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000012634 (8)**

1. Corporation Name

AUDIO VISUAL SOLUTIONS CORPORATION



Principal Place of Business 2455 HOLLYWOOD BLVD. HOLLYWOOD FL 33020	Mailing Address P.O. BOX 2126 HOLLYWOOD FL 33022
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3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 928 N Federal Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 2126 Suite, Apt. #, etc.	4. FEI Number 65-0555984	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Hollywood, FL	27 City & State 28 Hollywood, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33020	25 Country USA	29 Zip 33022	30 Country USA

g. Name and Address of Current Registered Agent

**ADLER, MITCHELL D
500 E. BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

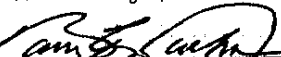
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, BARRY C		1.2 NAME Jackson, Barry C	
STREET ADDRESS 2455 HOLLYWOOD BLVD.		1.3 STREET ADDRESS 1901 S Ocean Dr., #308	
CITY-ST-ZIP HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP Hollywood Bch, FL 33019-2414	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Jackson, MaryAnne V	
STREET ADDRESS		2.3 STREET ADDRESS 1901 S Ocean Dr., #308	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Hollywood Bch, FL 33019-2414	
TITLE	<input type="checkbox"/> DELETE	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	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<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 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:



Barry C. Jackson

4/28/97

(954) 925-4287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)