

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 628 N. FEDERAL HWY. HOLLYWOOD FL 33020 US		Mailing Address P.O. BOX 2126 HOLLYWOOD FL 33022	
21 Principal Place of Business	22a Mailing Address	22 Suite, Apt #, etc	22b Suite, Apt #, etc.
23 City & State	23 City & State	23 Zip	23 Country
24 Zip	24 Country	24 Zip	24 Country

3. Date Incorporated or Qualified
02/13/1995

4. FEI Number
65-0555984

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. 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 **Adler, Mitchell D**

82 Street Address (P.O. Box Number is Not Acceptable)
2021 Tyler St.

84 City **Hollywood** **FL** **85 Zip Code** **33022**

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]* **MITCHELL D. ADLER, Reg. since April 4/8/98** DATE: **4/1/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JACKSON, BARRY C	
STREET ADDRESS	1901 S. OCEAN DR., #308	
CITY - ST - ZIP	HOLLYWOOD BEACH FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	JACKSON, MARYANNE V	
STREET ADDRESS	1901 S. OCEAN DR., #308	
CITY - ST - ZIP	HOLLYWOOD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *[Signature]* **Barry C. Jackson 4/2/98 954-925-4287**

CR2E034 (10/97)