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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017115

AUDIO VIDEO EXPERTS, INC.

Principal Place	of Business	Mailing Address				181 11911 18821 1891	
435 10TH AVENUE WEST 435 10TH AVENUE WEST							
SUITE A SUITE A							
PALMETTO FL 34221 PALMETTO FL 34221					DO NOT WRITE IN THIS SPACE		
us us					3. Date incorporated or Qualifed 02/27/1995		
2. Principal Pl	ace of Business	2a. Mailing Address	••••		4. FEI Number	A	polied For
21		26 -			65-0468064	_ N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28	1		Trust Fund Contribution	Added	to Fees
Zip	Country	— — — — — — — — — — — — — — — — — — —	ountr	,	8. This corporation owes the current year	Intangible Yes	IZIŃo I
24	25	29 . 30	[30]		Personal Property Tax.		<u> </u>
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOOL MANETTE M			61	Name	•		
MISCH, NANETTE M			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
8307 18TH AVE E			L			· · ·	
PALI	METTO FL 34221		83	1	<u> </u>		
			84	City	F	L 85 Zip	Code
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 register 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.							s registered egistered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: Registe	red Age	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS A		3.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD.	☐ DELETÉ 1.1	TITLE			☐ Change	☐ Addition
NAME	MISCH, DANIEL	13	2 NAME				
STREET ADDRESS	8307 18TH AVE E 1.3 S		STREE	TADDRESS			}
CITY-ST-ZIP	PALMETTO FL 34221	1/	4 CITY-5	3T-ZIP			
TITLE	VT	DELETE 2.	1 TITLE			Change	☐ Addition
NAME	MISCH, NANETTE M	2.0	2 NAME				
STREET ADDRESS	8307 18TH AVE E	2	3 STREE	ET ADDRESS .	-	_	
CITY-ST-ZIP			4 CITY-	ST-ZIP			
TITLE			1 TITLE			☐ Change	Addition
NAME		3.	2 NAME		• • •		
STREET ADDRESS		3	3 STREE	ET ADDRESS			
			4. CITY-				
CITY-ST-ZIP			TITLE	01-211		☐ Change	Addition
!		-	2 NAME	.			_
NAME				T ADDRESS			ļ
STREET ADDRESS				į			,
CITY-ST-ZIP			4 CITY-S	11-ZIP		Change	
TITLE		-	1 TITLE 2 NAME			onlingo	
NAME		1					
STREET ADDRESS				ET ADDRESS			l
CITY-ST-ZIP			4 CITY-				
TITLE		<u></u>	1 TITLE			☐ Change	Addition
NAME			2 NAME				Ì
STREET ADDRESS		6.	3 STREE	ET 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90006 047 ***150.00

A KARANDAN NIN KANDI BUNN BAKIN BANK BANK BANK BANDA HIBIN (BARA KEDI) NIDE BANK BANA