SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 OCT 14 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096337

1. Corporation Name
AVID MANAGEMENT, INC.

Principal Place of Business	Mailing Address
16290 Vintage Oaks Lane Delray Beach, FL 33484	16290 Vintage Oaks Ln. Delray Beach, FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/95

4. FEI Number: 65-0-0637150 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525 US

10. Name and Address of New Registered Agent

81 Name: David R. Feigenbaum,CPA
82 Street Address (P.O. Box Number is Not Acceptable): Feigenbaum & Feigenbaum
83: 200 Knuth Road -Suite 220
84 City: Boynton Beach FL 85 Zip Code: 33436

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 R. Feigenbaum, CPA, P.A. 9-30-98
Signature and typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DAVID R. FEIGENBAUM DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	Leon Ruchlamer	1.2 NAME	David Ruchlamer
STREET ADDRESS	16290 Vintage Oaks Lane	1.3 STREET ADDRESS	16290 Vintage Oaks Lane
CITY-ST-ZIP	DelrayBeach, FL 33484	1.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	☐ DELETE	2.1 TITLE	S - T ☐ Change ☒ Addition
NAME		2.2 NAME	Lisa Beker
STREET ADDRESS		2.3 STREET ADDRESS	923 5th Ave. - Apt. 8A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New York, NY 10021
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	600002665736--5
STREET ADDRESS		4.3 STREET ADDRESS	-10/16/98--01084--005
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 9-30-98 561-495-1200

CR2E034 (5/98)