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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049419 (9)

Principal Place of Business	Mailing Address			
125 KENWORTH DRIVE	1125 KENWORTH DRIVE			
POPKA FL 32712	APOPKA FL 32712			

FILED Apr 17 1998 8:00am Secretary of State

AUDIO	MIDEO INTEGRATION IN	C.				P 1884 ORD (IN 1814) (BRAC ROLL) GRAD ADDIO	ACILL PARIA INIA ATAN	
Principal Plac	e of Business	Mailing Address			\dashv		JOHN HOLF HIM ONLD	
1125 KENWORTH DRIVE 1125 KENWORTH DRIVE APOPKA FL 32712 APOPKA FL 32712				DO NOT WRITE IN	N THIS SPACE			
					<u> </u>	3. Date Incorporated or Qualified	11110017102	
						06/04/1997		
	Place of Business	2a. Mailing Address			ĺ	4. FEI Number		Applied For
21 Suite, Apt.	# ato	Suite, Apt. #, etc.				59-3461729		Not Applicable
22	#, etc.	27 Sure, Apr. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & Stat	0	City & State			\dashv	6. Election Campaign Financing		00 May Be
23		28						ed to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid	the current year	Intangible
24	25		30			Personal Property Tax due June 3		□ No
	9, Name and Address of Cu	rrent Registered Agent		A		10. Name and Address of New Regi	stered Agent	
	EGGI, RON		81	Name				
1125 KENWORTH DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
AP	OPKA FL 32712		63					
			03					
			84	City			FL 85 Z	ip Code
office or i agent. I a SIGNATURE	egistered agent, or both, in the Sim familiar with, and accept the ol Signature typed or printed name of registered	tate of Florida. Such change was au oligations of, Section 607.0505, Flor	ithorized by ida Statutes	the corp	poration	ration submits this statement for the pur n's board of directors. I hereby accept when reinstating)	the appointment	as registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE		☐ DELETÉ	1.1 TITLE	7710		_	☐ Chang	je 🔲 Addition
NAME			1.2 NAME	,	ROI	V PILEGGI S KGNWONTH DR. OPKAJFL 327/2		
STREET ADDRESS			1.3 STREET	ADORESS	112	5 KENWONTH DIG		
CITY-ST-ZIP		11 55,556	1.4 CITY-ST	r-zip	DP	OFKAJFC 32712		A 4 170
TITLE		☐ DELETE	2.1 TITLE	V		unin Aumeri	Chang	e Addition
NAME			2.2 NAME		HM	GELA PILEGG 5 KENWORTH DR OPKA _I FL 32712		
STREET ADDRESS			2.3 STREET	ADDRESS	1123	ARA EL 72712		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-S 3.1 TITLE	1 - ZIP	BPU	7FFA FU 32 12	Chang	e Addition
NAME		_ otten	3.2 NAME		}		و،۵۰۰۵ ب	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S					
TITLE		DELETE	4.1 TITLE				Chang	je Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u></u>			
TITLE		DELETE	5.1 TITLE				Chang	e 🔲 Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREET	address				
CITY - \$1 - ZIP			5.4 CITY - ST	1 - ZIP	L			
TITLE		☐ DELETE	6.1 TITLE				Chang	e
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	L		6.4 CITY - S	T-ZIP	ــــــــــــــــــــــــــــــــــــــ	6- 440 07(0)(5) Floor Out to 14	4	

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 the attachment with an address

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