

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90006 006 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000030823
 1. Corporation Name
TECHNICAL DESIGN AUDIO-VISUAL INSTALLATION, INC.

Principal Place of Business 3568 EAST SANDPIPER DRIVE #8 BOYNTON BEACH FL 33436	Mailing Address 3568 EAST SANDPIPER DRIVE #8 BOYNTON BEACH FL 33436
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1998	Applied For Not Applicable
4. FEI Number 65-0826921	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 12130 SYCAMORE LN Suite, Apt. #, etc.	2a. Mailing Address 26 12130 SYCAMORE LN Suite, Apt. #, etc.
22 City & State 23 WELLINGTON FL	27 City & State 28 WELLINGTON FL
24 Zip 33414	25 Country WPB
29 Zip 33414	30 Country WPB

9. Name and Address of Current Registered Agent

PERKINS, TONY L
3568 EAST SANDPIPER DRIVE
#8
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name: KEVIN S. JOHNSTON
 82 Street Address (P.O. Box Number is Not Acceptable): 12130 SYCAMORE LN
 83
 84 City: WELLINGTON FL 85 Zip Code: 33414

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: *Kevin S. Johnston* DATE: 8-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	JOHNSTON, KEVIN S	<input type="checkbox"/> DELETE
NAME	12130 SYCAMORE LAND	
STREET ADDRESS	WELLINGTON FL 33414	
CITY-ST-ZIP		
TITLE	PERKINS, TONY L	<input checked="" type="checkbox"/> DELETE
NAME	3568 EAST SANDPIPER DRIVE #8	
STREET ADDRESS	BOYNTON BEACH FL 33436	
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		
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 supplement 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: *Kevin S. Johnston* DATE: 8-17-99 DAYTIME PHONE #: 561-714-8280
Signature and typed or printed name of signing officer or director

CR2E034 (5/99)