


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	
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		
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 Wellington FL			27 City & State Wellington FL		
23 Zip 33414			28 Zip 33414		
24 Country WPB			29 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 <i>[Signature]</i> DATE 8-17-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME JOHNSTON, KEVIN S STREET ADDRESS 12130 SYCAMORE LAND CITY-ST-ZIP WELLINGTON FL 33414			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		
TITLE D <input checked="" type="checkbox"/> DELETE NAME PERKINS, TONY L STREET ADDRESS 3568 EAST SANDPIPER DRIVE #8 CITY-ST-ZIP BOYNTON BEACH FL 33436			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: <i>[Signature]</i> DATE 8-17-99 Daytime Phone # 561-714-8280					

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

08-24-1999 90006 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1998	
4. FEI Number 05-0826921	Applied For <input type="checkbox"/> Not Applicable
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	

CR2E034 (5/99)