

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S77692** (9)
1. Corporation Name
AVS INVESTMENTS INTERNATIONAL, INC.



Principal Place of Business
**704 SWEETWATER CLUB BLVD
LONGWOOD FL 32778
US**

Mailing Address
**120 S ORANGE AVE
ORLANDO FL 32801-3204**

2. Principal Place of Business
21 640 East Club Circle
Suite, Apt. #, etc.
22
City & State
23 Longwood, FL
Zip
24 32779 Country
25 Seminole

2a. Mailing Address
26 332 North Magnolia Av.
Suite, Apt. #, etc.
27 P.O. Box 87
City & State
28 Orlando, FL
Zip
29 32802-0087 Country
30 Orange

3. Date Incorporated or Qualified
08/29/1991

3a. Date of Last Report
02/23/1996

4. FEI Number
59-3082069

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**KNIGHT, T. KEVIN
120 S ORANGE AVE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 332 North Magnolia Av.
83
84 City Orlando **85 Zip Code FL 32801-1609**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SIMMONS, ALICIA V.	
STREET ADDRESS	120 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, ALICIA V.	
STREET ADDRESS	120 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	332 North Magnolia Av.
1.4 CITY-ST-ZIP	Orlando, FL 32801-1609
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	332 North Magnolia Av.
2.4 CITY-ST-ZIP	Orlando, FL 32801-1609
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 do 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: By: **SANDRA B. MORTHAM**

4/29/97

407/422-2454

CR2E034 (9/96)