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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S92365

(3)

ADVANCED VIDEO SYSTEMS, INC.

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				 			
7081 GRAND NATIONAL DR BUITE 1076 ORLANDO FL 32819 US		7081 GRAND NATIONAL DR SUITE 107G ORLANDO FL 32819-8398					
		US	US		11/06/1991 05/01/		of Last Report /1996
_	Place of Business	2e. Mailing Address			4. FEI Number		Applied For
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	try	8. This corporation has liability for in		s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	distered Agent	
	LLETTA, JAMES		8	11 Name			
	5 N. EOLA DRIVE ILANDO FL 32802			Street Add	Address (P.O. Box Number is Not Acceptable)		
. •11			Ε	13			
			E	14 City		FL 85 Zi	p Code
agent. I SIGNATURE	am familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NC	lorida Statu Dt: Rogistered	tes.	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.) TITL	E		Change	e L Addition
NAME	CICOTTI, BRIAN C		1.P NAM	!E			
STREET ADDRESS		F107G		EÉT ADORESS			
CITY-ST-ZIP	ORLANDO FL	T DELETE		'-ST-ZIP		Chang	e Addition
TITLE		☐ DELETE	2,1 TITL				s Modition
NAME			2.P NAM				
STREET ADDRESS	5			EE1 ADDRESS Y-S1-ZIP			
CITY-ST-ZIP		DELETE	3 1 1 ITL			. Chang	e Addition
NAME		_	3 2 NAN		9	74.2	
STREET ADDRESS	;			EET ADDRESS			
CITY-ST-ZIP			3 4. CIT	Y-ST-ZIP			
TITLE		DELETE	4,4 TITL	E		Chang	e Addition
NAME			4. 2 NAJ	ME			
STREET ADDRESS	،		4,3 STR	FE1 ADDRESS			
CITY-ST-ZIP			4,4 CITY	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	E		∐ Chang	e 🔲 Addition
NAME			5.P. NAN	AE			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP		·	
TITLE	1	☐ DELETE	6. ¹ 1 TITL	E		☐ Chang	e 🔲 Addition
NAME			6,2 NAM	AE			
STREET ADDRESS	S		6¦3 STR	EET ADDRESS			
CITY-ST-ZIP	<u> </u>		6,4 CIT	r-ST-ZIP	dia Caria 440 07/0/0 Florida Cut. In		
سنا مراسا العلما					alta calata 440 07/03/3 Finalda Ciakan		

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.