

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G51471 (2)**

1. Corporation Name  
**VIDEO TECHNIQUES, INC.**



Principal Place of Business: **600 301 BLVD W #188 BRADENTON FL 34205 US**  
Mailing Address: **C/O MICHAEL M. HAMRICK 1205 MANATEE AVENUE WEST BRADENTON FL 34205**

3. Date Incorporated or Qualified: **07/27/1983**  
3a. Date of Last Report: **04/27/1995**

|    |                                |    |                     |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. |
| 23 | City & State                   | 28 | City & State        |
| 24 | Zip                            | 29 | Zip                 |
| 25 | Country                        | 30 | Country             |

|    |   |  |
|----|---|--|
| 4. | FEI Number  | Applied For  |
|    | <b>59-2328328</b>   | <input type="checkbox"/> Not Applicable                        |
| 5. | Certificate of Status Desired   | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 6. | Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**HAMRICK, MICHAEL M.  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205**

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

**FL**

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)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <b>DP</b>                       | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LORENTZEN, ROBERT</b>        | 1.2 NAME  |  |
| STREET ADDRESS             | <b>600 U.S. 301 BLVD. W.</b>    | 1.3 STREET ADDRESS                                    | <b>3021 MANATEE AVE. W. STR. C</b>   |
| CITY- ST- ZIP              | <b>BRADENTON FL</b>             | 1.4 CITY- ST- ZIP                                     | <b>34205</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 2.2 NAME  |  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 2.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME  |  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 3.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 4.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 5.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 6.4 CITY- ST- ZIP                                     |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ Date: **3/10/96** Day/10/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/10/96 9417464949

CR2E034 (12/95)