

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

APPROVED AND FILED

55 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J87377** (4)

1. Corporation Name
VIDTRON ENTERPRISES, INC.

Principal Place of Business: **2029 N. DIXIE HWY. POMPANO BEACH FL 33060**
Mailing Address: **2029 N. DIXIE HWY. POMPANO BEACH FL 33060**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified: **08/14/1987**
3a. Date of Last Report: **06/28/1994**
4. FE Number: **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**
6. This corporation has authority to participate in public or Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**GRAHAM, JEFFREY J. SR.
947 FERN DR.
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0602 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 Sections 607.0605, Florida Statutes.

SIGNATURE: _____ (Print Name and Title of Signing Officer or Director)
12. Signature: _____ (Print Name and Title of Signing Officer or Director)

12. OFFICERS AND DIRECTORS

12.1	CTD GRAHAM, JEFFREY J. SR. 947 FERN DR. DELRAY BEACH FL
12.2	PD GRAHAM, JEFFREY J. JR. 2510 NE 51ST STREET LIGHTHOUSE POINT FL
12.3	VD HALLIBURTON, RONALD 951 FERN DR. DELRAY BEACH FL
12.4	S GRAHAM, PAULA 947 FERN DR. DELRAY BEACH FL
12.5	D MILLER, DAVID T. 2891 S. W. BRIGHTON WAY PALM CITY FL
12.6	
12.7	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 STREET ADDRESS	
13.3	1.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	2.1 NAME	
13.5	2.2 STREET ADDRESS	
13.6	2.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	3.1 NAME	
13.8	3.2 STREET ADDRESS	
13.9	3.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	4.1 NAME	
13.11	4.2 STREET ADDRESS	
13.12	4.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	5.1 NAME	
13.14	5.2 STREET ADDRESS	
13.15	5.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16	6.1 NAME	
13.17	6.2 STREET ADDRESS	
13.18	6.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the corporation stated in Year 1995 Florida Statutes. Further, I 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 in person with the same officer or director of this corporation or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block A, or Block C, if changed, or on an affidavit with an address.

SIGNATURE: **JEFF GRAHAM JR.**
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95

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ANNUAL REPORT

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

1995 *5-22-95* *B-6826*

SEP 22 11 12 23

TALLAHASSEE, FLORIDA

DOCUMENT # **J89156** (0)

1. Corporation Name
AUTO ALLEY, INC.

Principal Place of Business: **% MARK S. LEVINE, 5019 W. THARPE ST., TALLAHASSEE FL 32303**
Mailing Address: **% MARK S. LEVINE, 5019 W. THARPE ST., TALLAHASSEE FL 32303**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **08/25/1987**
3a. Date of Last Report: **08/18/1994**
4. FEI Number: **59-2839711**
Applied For: 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 the relevant Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt # etc: **22**
City & State: **23**
City: **24** County: **25** ZIP: **29** County: **30**

9. Name and Address of Current Registered Agent: **LEVINE, MARK S., 245 E. VIRGINIA ST., TALLAHASSEE FL 32301**
81 Name: **LEVINE, MARK S.**
82 Street Address: (P.O. Box Number is Not Acceptable)
83
84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607 (b)(1) and 607.1908, 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 Sections 607 (b)(1) and 607.1908, Florida Statutes.

SIGNATURE

12. CURRENT REGISTRABLE DIRECTORS		13. ADDITIONAL REGISTRABLE DIRECTORS TO BE ADDED	
12-1 NAME: PD ALLEY, KENNETH	12-2 STREET ADDRESS: 5019 WEST THARPE STREET TALLAHASSEE FL	13-1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 CITY: ST	12-4 STATE: FL	13-2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME: ALLEY, MELODY	12-6 STREET ADDRESS: 5010 WEST THARPE STREET TALLAHASSEE FL	13-3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 CITY: TALLAHASSEE	12-8 STATE: FL	13-4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-9 NAME:	12-10 STREET ADDRESS:	13-5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 CITY: TALLAHASSEE	12-12 STATE: FL	13-6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-13 NAME:	12-14 STREET ADDRESS:	13-7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-15 CITY: TALLAHASSEE	12-16 STATE: FL	13-8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-17 NAME:	12-18 STREET ADDRESS:	13-9 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-19 CITY: TALLAHASSEE	12-20 STATE: FL	13-10 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information submitted with this filing is substantially true and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or to be added with an address.

SIGNATURE: *Henry Alley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95 *904 576 9835*
DATE TELEPHONE