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

**PROFIT** CORPORATION ANNUAL REPORT

1998

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

**FILED** 

Apr 24 1998 8:00am

Secretary of State

HERE'S HOW VIDEO, INC.			1 1881 11 11 11 11 11 11 11 11 11 11 11			
Principal Place of Business	Mailing Address		- I DEGLEDIT DES EDUTA BETITE TELET DITAL CODE DIDIT DIB	10 <b>3</b> 1011 01811 01011 01611 1881		
2659 KERWOOD CIRCLE C/O JOSEPH S. HEARN ORLANDO FL 32810	2659 KERWOOD CIRCLE C/O JOSEPH S. HEARN ORLANDO FL 32810		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
2. Principal Place of Business	2a. Mailing Address		05/29/1990 4. FEI Number	₩pplied For		
21 2459 KERWOOD CIR.	26 ZUS9 KERWOOD CIE		59-3006841	Not Applicable		
Suite, Apt #, etc.	Suite, Apt. #, etc		Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 ORLANDO, FL	City & State 28 ORLANDO		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 \$2810 25 OLANGE	29 32810 30	ORA-1GE		Yes No		
9, Name and Address of Curre	10. Name and Address of New Registered Agent					
HEARN, JOSEPH S. 2659 KERWOOD CIRCLE		81 Name B2 Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32810		83				
		B4 City		85 Zip Code		
			<u>FL</u>	•   `		
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig</li> </ol>	e of Florida. Such change was authoriz	ed by the corporati	oration submits this statement for the purpose o on's board of directors. I hereby accept the app	of changing its registered pointment as registered		
SIGNATURE. Stonature, typed or printed name of recisional at	NOTE Posicite	red Agent signature require	od when reinslating) DATE			
	ND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12		

SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Re	gistered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS AND DIREC
TITLE	PTD	DELETE	1.1 TITLE		☐ Cha
NAME	YEOMANS, GARY T.		1.2 NAME		

2659 KERWOOD CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition VS TITLE 2.1 TITLE HEARN, JOSEPH S. NAME 2.2 NAME **300 PAWNEE TRAIL** STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

STREET ADDRESS 4.3 STREET ADORESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. I horoby 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

6.1 TITLE

6.2 NAME

DELETE

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.

Addition

Change

Addition