

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 # **P93000000813 (4)**

1. Corporation Name
RLX VIDEO, INC.



Principal Place of Business
**3511-C N.W. 8TH AVENUE
POMPANO BEACH FL 33064**

Mailing Address
**3511-C N.W. 8TH AVENUE
POMPANO BEACH FL 33064**

2. Principal Place of Business
21 **2000 BANKS Road**
State, Apt. #, etc.
22 **D 101**
City & State
23 **MARLBATE, FL**
Zip Country
24 **33063** 25

2a. Mailing Address
26 **2000 BANKS Rd.**
State, Apt. #, etc.
27 **D 101**
City & State
28 **MARLBATE, FL**
Zip Country
29 **33063** 30

3. Date Incorporated or Qualified **01/06/1993** 3a. Date of Last Report **04/24/1995**
4. FEI Number **65-0379371** 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

**HORSLEY, MICHAEL
3511-C N.W. 8TH AVENUE
POMPANO BEACH FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2000 BANKS Rd
83 **D 101**
84 City
MARLBATE 85 Zip Code
FL 33063

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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent (If Applicable)

Signature of Registered Agent (If Applicable) (When Not Applicable)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORSLEY, MICHAEL	
STREET ADDRESS	259 48TH STREET	
CITY-STATE	BROOKLYN NY 11220	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENCHE, AARON	
STREET ADDRESS	259 48TH STREET	
CITY-STATE	BROOKLYN NY 11220	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE		

14. I do hereby certify that the information supplied to 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, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 954-973-6040
DATE DATE & PHONE

CR2E034 (12/95)