

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 # P94000062715 (5)

1. Corporation Name
VIDEO ZONE, INC.



Principal Place of Business
**6604 TERRAPIN CT
TAMPA FL 33625**

Mailing Address
**6604 TERRAPIN CT
TAMPA FL 33625**

3. Date Incorporated or Qualified: **08/17/1994**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-3263755**
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

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

9. Name and Address of Current Registered Agent

**BARNARD, GLENN P
6604 TERRAPIN CT
TAMPA FL 33625**

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 607.0502 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the registered agent or the person authorized to change the registered office or registered agent.

Signature of the President, Secretary, Treasurer, or Director of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNARD, GLENN P	
STREET ADDRESS	6604 TERRAPIN CT	
CITY - ST - ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNARD, SUZANNE S	
STREET ADDRESS	6604 TERRAPIN CT	
CITY - ST - ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. 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 employed 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: *Glenn Barnard* **Glenn Barnard Pres.** 3/12/96 813 961-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLENN BARNARD

CR2E034 (12/95)