

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000092199 (6)**

1. Corporation Name

REEL VIDEO OF PORT ST. LUCIE, INC.



Principal Place of Business: **50 S.E. KINDRED ST. SUITE 107 STUART FL 34994**
Mailing Address: **50 S.E. KINDRED ST. SUITE 107 STUART FL 34994**

3. Date Incorporated or Qualified: **12/21/1994**
3a. Date of Last Report: **08/02/1995**

2. Principal Place of Business: **2826 SW PT ST LUCIE BLVD PT ST LUCIE FL 34953**
2a. Mailing Address: **2826 SW PT ST LUCIE BLVD PT ST LUCIE FL 34953**

4. FEI Number: **65-0547233**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: [Blank]
27. Suite, Apt. #, etc.: [Blank]

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: [Blank]
28. City & State: [Blank]

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: [Blank] Country: [Blank]
29. Zip: [Blank] Country: [Blank]

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**KOHL, N. DEAN JR.
50 S.E. KINDRED ST.
SUITE 107
STUART FL 34994**

10. Name and Address of New Registered Agent:
81 Name: **SAMUEL F MATHIS**
82 Street Address (P.O. Box Number is Not Acceptable): **2826 SW PT ST LUCIE BLVD**
83 [Blank]
84 City: **PT ST LUCIE** FL 85 Zip Code: **34953**

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: *Samuel F. Mathis* P DATE: **4/25/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	MATHIS, SAMUEL F	
STREET ADDRESS	2010 IMPERIAL ST	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	S	
NAME	MATHIS, JOANN	
STREET ADDRESS	2101 IMPERIAL ST	
CITY-ST-ZIP	PT ST LUCIE FL	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			34987
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	2010 SW IMPERIAL ST		
2.4 CITY-ST-ZIP			34987
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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: *Samuel F. Mathis* P DATE: **4/25/96** Daytime Phone #: **407 336 2588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)