

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90107 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000020346

1. Corporation Name
T.V. SHOP, INC.



Principal Place of Business 1325-A DEL PRADO BLVD. CAPE CORAL FL 33990	Mailing Address 1325-A DEL PRADO BLVD. CAPE CORAL FL 33990
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/02/1998

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	25. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0897738	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SPRAGUE, MARK
1325-A DEL PRADO BLVD.
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0505 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/O/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGUE, MARK	1.2 NAME	Mark Sprague
STREET ADDRESS	1325-A DEL PRADO BLVD.	1.3 STREET ADDRESS	1325-A Del Prado Blvd.
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Laura Sprague
STREET ADDRESS		2.3 STREET ADDRESS	3013 SW 2nd Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Joe Bradish
STREET ADDRESS		3.3 STREET ADDRESS	1325 A Del Prado Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), 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, with a full other like empowered.

SIGNATURE: Mark Sprague Date: 4/26/99 Daytime Phone #: 941-772-1963
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Mark Sprague P/O/C Daytime Phone #: 941-772-5440

CR2E034 (11/98)