SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 OCT -7 AM 10: 12 POCUMENT # P96000087233 (8) SECRETARY OF STATE 94 CENT VIDEO, INC. Principal Place of Business Mailing Address 3060 CLEVELAND AVENUE 3060 CLEVELAND AVENUE FORT MYERS FL 33901 FORT MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 10/22/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 21 3060 CLEVELANA 3060 CLRUKIAND AL Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FORT MYERS FORT MYER 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33901 25 30 LEE Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOOS, STEFAN **4030 ALBANY DRIVE** Street Address (P.O. Box Number is Not Acceptable) LABELLE FL 33935 700002320657 83 -10/15/97--01037--018 \*\*\*\*550,0<u>0</u>0 City 84 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. and or physical name of registered agont and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 DELETE TITLE 1.1 TITLE resident Change M Addition Stefan Soos NAME 1.2 NAME CR2E034 Albany STREET ADDRESS 1.3 STREET ADDRESS 030 CITY-ST-ZIP 1.4 C(1) Y - \$1 - Z(P DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 THILF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZIP 5 4 CITY - ST - ZIP DELETE Change 6.1 TITLE Addition NAME

6.2 NAME

6.4 CITY - ST - ZIP

14. I do hereby 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 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 eath; 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.

STREET ADDRESS CITY-ST-ZIP