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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90053 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 517426

1. Corporation Name  
**SEWING-APPLIANCE-VIDEO-ELECTRONICS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5016 BLANDING BLVD. P. O. BOX 7159 JACKSONVILLE FL 32238  
 Mailing Address: 5016 BLANDING BLVD. P. O. BOX 7159 JACKSONVILLE FL 32238

3. Date Incorporated or Qualified: 10/29/1976  
 4. FEI Number: 59-1710739  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 6405 103RD ST, 22 Jacksonville FL  
 2a. Mailing Address: 26 PO Box 7159, 27 Jacksonville FL  
 23 City & State: Jacksonville FL  
 28 City & State: Jacksonville FL  
 24 Zip: 32210, 25 Country: US  
 29 Zip: 32238, 30 Country: US

9. Name and Address of Current Registered Agent  
 DOHERTY, JOHN B  
 5016 BLANDING BLVD.  
 JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent  
 81 Name: DOHERTY, JOHN B  
 82 Street Address (P.O. Box Number is Not Acceptable): 5912 BEACH BLVD  
 83 Suite B  
 84 City: Jacksonville FL, 85 Zip Code: 32207

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: John B. Doherty - Pres. DATE: 4/30/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registry Agent signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DOHERTY, SUSAN	
STREET ADDRESS	2644 RED FOX RD.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DOHERTY, JOHN B	
STREET ADDRESS	2644 RED FOX RD.	
CITY-ST-ZIP	ORANGE PARK FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 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 all other like empowered.

SIGNATURE: [Signature] DATE: 4/30/99 904-777-1303  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)