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

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name 568684 (5)VIDEO CONSULTANTS, INC. Principal Place of Business Mailing Address 5220 8 RUSSELL ST #40 5220 S RUSSELL ST #40 **TAMPA FL 33611** TAMPA FL 33611 2, Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State Crty & State 23 28 Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent

## **FILED** Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

3. Date Incorporated or Qualified

04/05/1978

59-2394787

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

5220 & RUSSELL ST #40			81	Name		
			82	Street	Address (P.O. Box Number is Not Acceptable)	
TAN	IPA FL 33611		83			
			84	City	FL 85 Zip Code	•
office or re		Such change was au	thorized by	the cor	corporation submits this statement for the purpose of changing its reg poration's board of directors. I hereby accept the appointment as regis	
SIGNATURE						<u></u>
	Signature, typod or printed name of registered agent and title if ep-			nt signatur	o required when reinstating) DATE	
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PDV	DELETE	1.1 TITLE		☐ Change	Addition
NAME	JONES, CLARENCE H.,JR.		1.2 NAME			
STREET ADDRESS	*****		1.3 STREET	ADDRESS		ł
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T - ZIP		
TITLE	DELETE 2.1 TH		2.1 TITLE		Change [	Addition
NAME			2.2 NAME			ļ
STREET ADDRESS			2.3 STREE1	address		ł
CITY-ST-ZIP			2 4 CITY-5	1-71P		
TITLE	DELETE 31 TIT		3 1 TITLE		☐ Change ☐	Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S	T - ZIP		
TITLE	DELETE 4.1 TO		4.1 TITLE		Change	Addition
NAME			4.2 NAME			- 1
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	I - ZIP		1
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME	•		6.2 NAME		·	1
STREET ADDRESS	•		6.3 STREET	ADDRESS	•	
CITY-ST-ZIP			6.4 CITY - S			
14. I hereby c	ertify that the information supplied with this filing	does not qualify for t	the exempt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the infor	mation
indicated a	on this annual report or supplemental annual rep	ort is true and accur-	ate and the	it my sig	nature shall have the same legal effect as if made under oath; that I at	m an