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

**PROFIT CORPORATION ANNUAL REPORT** 1998 DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F67957

(3)

VIDEO VISIONS UNLIMITED, INC.

**FILED** Apr 21 1998 8:00am Secretary of State



Principal Place of Business  Mailing Address  509 LIMETREE DR  CHARLES BENGELE OLDSMAR FL 34677  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O2/22/1982  2. Principal Place of Business  2a. Mailing Address 4. FEI Number Applied For Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  509 LIMETREE DR  CHARLES BENGELE DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Solite Apt. # Feign and Frace of Status Decired Status De	1									
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2. Principal Place of Business   2. Mailing Address   2. Experience   2. Exp									i '	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, A	2. Principal P	lace of Busin	oss	2a	. Mailing Address					
City & State  Country  Country  Country  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  Countr	21			26	26				<b>59-2164523</b> Not Applicable	
28   29   Country   29   Trust Fund Contribution   Added to Feese   Added to Feese   20   25   29   30   8. This corporation owes or has paid the current year Intanglible   Personal Procepting Tax due June 30.   Vos   No   No   No   No   No   No   No	Suite, Apt. #, etc.			27	h					
Zip	<u> </u>			-					70.00	
28				28]						
BENGELE III, CHUCK 509 LIMETREE DR OLDSMAR FL 34877  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 City  86 City  86 City  87 City  88	<u> </u>	- · ·		29	·					
Signature by PD										
SIGNATURE SIGNATURE SIGNATURE OF LICE RS AND DIRECTORS 11. Pursuant to the provisions of Socious 607.0002 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 Statutes. The above-named corporation's board of directors. Thereby accept the appointment as registered agent, the florida provided by the corporation's board of directors. Thereby accept the appointment as registered agent, the florida provided printed date. Application of Statutes  SIGNATURE SIGNATURE Signature, bytest or printed name of registered date, display-act norms as 4th display-act norms	BE	NGELE III. C	CHUCK				81	Name		
Signature   Processions of Sections 607 05:02 and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accord the obligations of Sections 607 05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accord the obligations of Section 607.05:05, Florida Statutes. The agent can familiar with, and accord the obligations of Section 607.05:05, Florida Statutes. The agent can familiar with, and accord the obligations of Section 607.05:05, Florida Statutes. The agent can familiar with, and accord to the provisions of Sections 607.05:05, Florida Statutes. The agent corporation's board of directors. I hereby accept the appointment as registered objectors. I hereby accept the appointment as registered of agent corporation's board of directors. I hereby accept the appointment as registered of agent corporation's board of directors. I hereby accept the appointment as registered objectors. In the appointment as registered objectors. In th	509 LIMETREE DR						82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions 67 00:02 and 607 10:08, Florida Statutes. Ine above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Stoch 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    Signature typed or printed ratio of Electric Agent signature required whim reinsteining)	ا	IJSMAH FL	346//				83			
TIP. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 Statutes.  SIGNATURE  Signature byted or provide and the general tipes and the daylescale of Florida Statutes.  OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE VPD							84	City	E 85 Zip Code	
office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature	11 Pursuant	to the provisi	ons of Sections 607 09	ก๊2 and f	307 1508 Florida Statut	tes the a	havi	e-named co	··············· <del></del>	
TILLE STOLENS AND DIRECTORS  12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TILLE STOLENS ADDRESS CITY-ST-2IP OLDSMAR, FL 000000  2. 4 CITY-ST-2IP TILLE STOLENS ADDRESS CITY-ST-2IP OLDSMAR STREET ADDRESS CITY-ST-2IP OLDSMAR FL DELETE 3.1 TILLE STOLENS ADDRESS CITY-ST-2IP OLDSMAR FL DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-2IP OLDSMAR FL DELETE 4.1 TILLE ADDRESS CITY-ST-2IP OLDSMAR FL Addition Addition Addition Addition	flice 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.									
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE VPD CREENHALGH, RICHARD E 1.1 TITLE 1.2 Change Addition  NAME GREENHALGH, RICHARD E 1.2 NAME  STREET ADDRESS TRACE DR 1.3 STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 1.4 CITY-S1-ZIP  TITLE PD DELETE 2.1 TITLE 2.2 NAME  STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 00000 2.4 CITY-S1-ZIP  TITLE ST DORSS OLDSMAR, FL 00000 3.3 STREET ADDRESS SOP LIMETREE DR 3.3 STREET ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP  TITLE CREATER S 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL Change Addition ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL CHANGE ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL CHANGE ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL CHANGE ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL CHANGE ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL CHANGE ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR FL CHANGE ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMAR STREET ADDRESS SOP LIMETREE DR 3.4 CITY-S1-ZIP OLDSMA	SIGNATURE									
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NAME   GREENHALGH, RICHARD E   12 NAME   1.3 STREET ADDRESS   1730 CYPRESS TRACE DR   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   SAFETY HARBOR FL   1.4 CITY-ST-ZIP   TITLE   DELETE   2.1 TITLE   Change   Addition   Additio		VPD	OF TOUTION	417 1717 12			IILE			
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14. Thereby 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 trusted 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 an an attachment with an address.