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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## **FILED** FLORIDA DEPARTMENT OF STATE Feb 13, 1999 8:00am Katherine Harris **Secretary of State** Secretary of State

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DOCUMENT # F91548					02-13-1999 90003 010 *****150.00		
1. Corporation Name T.V. AND MORE, INC.							
I.V. AN	U MUKE, INC.		Address  X 129  WHLE NJ 07751  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  0.7/21/1982  John Mot Applied For Set 1480046  E. Apt. #, etc.  5. Certificate of Status Desired  Fee Required  8. State  6. Election Campaign Financing Fee Required  7. State  Country  8. This corporation owes the current year Intangible Personal Property Tax. Yes No  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 State  84 City  FL 85 Zip Code  85.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered uch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to 60. Florida Statutes.  (NOTE: Registered Agent signature required when reinsticities). 3 DATE  RS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change   Addition   Change   Addition				
Dringing Digg	of Business	Mailing Address				il <b>ele</b> ll blei) elel	#1311 #1#1) 132) .
2 ADALIA AVE. SOUTH SUITE 1006 TAMPA FL 33606 US  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State  P.O. BOX 129 MORGANVILLE NJ 07751 US  2a. Mailing Address 2b. Suite, Apt. #, etc. City & State City & State							
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	06					IIS SPACE	
US					•		ļ
<b>—</b>	Place of Business	— ĭ			*		· · · · · · · · · · · · · · · · · · ·
21			and the contract of the contra		36-1400040		
	#, etc.	<b>⊢</b>			5. Certifcate of Status Desired		1
	te				6 Election Campaign Financing —	\$5.00	May Be
23		28			1 - 11		
Zip	Country	Zip	Count	try	8. This corporation owes the current year	Intangible	
24	25	29	30				₩o
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent	
17151	DIC AMPLY I		1	31 Name			
KINDLE, ANDY J			ī	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
	DALIA AVE. SOUTH		ļ.,		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ele la lacilia guella pue ele galla de la granda de la granda	ALIECTAL
SUITE 1006 TAMPA FL 33606			1	53	15、15、15、15、15、15、15、15、15、15、15、15、15、1	ded block	
IAW	IFA 1 E 33000		8	34 City	The Colon of the C	85 Zip	Code
44. 5		200 and 607 1600 Florida State	itos the abi	ave named cor	reporation submits this statement for the numose	of changing it	s registered
office or	rogistared agent or both in the Stat	e of Florida, Such change was	AUTHORIZAN I	ov tne cordorat	tion's board of directors. I hereby accept the ap	pointment as r	egistered
🤼 agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, FI	orida Statut	es.	,		İ
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOT	E: Registered A	gent signature requir	red when reinstating) 5 5 5 DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1,1 TITL	Ē	77 154 SYM	☐ Change	☐ Addition .
NAME	KINDLE, ANDY J		1.2 NAM	lE			ļ
STREET ADDRESS	2 adalia ave south suite	1006	1.3 STR	EET ADORESS			
CITY-ST-ZIP	TAMPA FL			-ST-ZIP			
TITLE	T	☐ DELETE	2.1 TITL	E		☐ Change	Addition
NAME	OPPENHEIM, RICHARD		2.2 NAM	IE			
STREET ADDRESS	1		2.3 STR	EET ADDRESS			İ
CITY-ST-ZIP	MORGANVILLE NJ	C per ere		Y-ST-ZIP		Change	Addition
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NAME .			3.2 NAM				
STREET ADDRESS				EET ADDRESS			
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NAME STREET ADDRESS				EET ADDRESS	•		
CITY-ST-ZIP	<b>'</b>			(-ST-ZIP			ĺ
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TITLE			5.4 CfT	Y-ST-ZIP	. 7 · . 0,		
		☐ DELETE	6.1 TITL	E	. 5 · · · · · · ·	☐ Change	Addition
NAME	; ).	DELETE		E	. 7 - 29	☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	6.1 TITL 6.2 NAM 6.3 STR	E	, j	☐ Change	Addition

14. 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 may 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 attributement with an address, with all other fixed empowered.

**SIGNATURE:**