

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000473

1. Corporation Name

**FLORIDA ENTERPRISES, INC.
D/B/A VIDEO AVE., INC.**

Principal Place of Business

Mailing Address

**836 PHOENIX
ANN ARBOR, MI 48108**

2. Principal Place of Business

2a. Mailing Address

21 **1520 S. POWERLINE RD.**

26 **1520 S. POWERLINE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite F**

27 **Suite F**

City & State

City & State

23 **DEERFIELD BEACH, FL**

28 **DEERFIELD BEACH, FL**

Zip

Country

Zip

Country

24 **33442**

25 **USA**

29 **33442**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

9-14-95

4. FEI Number

Applied For

38-3251662

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **RAY SUMON**
STREET ADDRESS **836 PHOENIX**
CITY-ST-ZIP **ANN ARBOR, MI 48108**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CSTD** ☒ Change ☐ Addition
1.2 NAME **RAY SUMON**
1.3 STREET ADDRESS **1520 S. POWERLINE RD. SUITE F**
1.4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **MIKE SUMON**
2.3 STREET ADDRESS **1520 S. POWERLINE RD SUITE F**
2.4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **700001811947** ☐ Change ☐ Addition
4.2 NAME **-05/07/96--01143--016**
4.3 STREET ADDRESS *****200.00**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **MIKE SUMON** *Mike Sumon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 574-9666

Daytime Phone #

CR2E034 (12/95)