

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

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Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G72894** (0)

1. Corporation Name:
VIDEO SWAP SOUTH INTERNATIONAL, INC.

Principal Place of Business
**% ALFRED R. VAN DUSER
4100 CHUKKER DRIVE
WEST PALM BEACH FL 33406**

Mailing Address
**% ALFRED R. VAN DUSER
4100 CHUKKER DRIVE
WEST PALM BEACH FL 33406**



DO NOT WRITE IN THIS SPACE

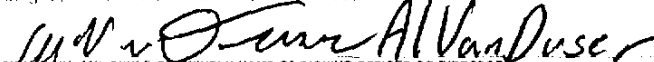
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1983	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2361078	Applied For ☐ Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent VAN DUSER, ALFRED R. 4100 CHUKKER DRIVE WEST PALM BEACH FL 33406				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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:  (DATE) **4-14-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	V
NAME	VAN DUSER, ALFRED R.	1.2 NAME	Kathleen F. Van Duser
STREET ADDRESS	4100 CHUKKER DRIVE	1.3 STREET ADDRESS	4100 Chukker Drive
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	W. Palm Beach, FL 33406
TITLE		2.1 TITLE	T
NAME		2.2 NAME	Helen U. West
STREET ADDRESS		2.3 STREET ADDRESS	104 Landvale St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Georgetown, FL 32139
TITLE		3.1 TITLE	S
NAME		3.2 NAME	Jennifer Amado
STREET ADDRESS		3.3 STREET ADDRESS	514 Shady Pine Way D-2
CITY-ST-ZIP		3.4 CITY-ST-ZIP	W Palm Beach, FL 33415
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Michael Soriano
STREET ADDRESS		4.3 STREET ADDRESS	1860-B Shade Tree Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	W Palm Beach, FL 33406
TITLE		5.1 TITLE	M
NAME		5.2 NAME	Cathy M. Wagner
STREET ADDRESS		5.3 STREET ADDRESS	981 Arlington Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	W Palm Beach, FL 33415
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **5-11-98 561-433-4217**

CR2E034 (10/97)