

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H32228 (9)

1. Corporation Name

VIDEO PRODUCTS SOUTHEAST, INC.



Principal Place of Business

Mailing Address

~~44300 GULF BLVD.~~
~~#404~~
~~MADIERA BEACH FL 33708~~
US

~~44300 GULF BLVD.~~
~~SUITE 404~~
~~MADIERA BEACH FL 33708~~
US

2. Principal Place of Business

21 13819 Walsingham Rd

26 13819 Walsingham Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 L-M

27 L-M

City & State

City & State

23 Largo, FL

28 Largo, FL

Zip

Zip

24 34644

29 34644

Country

Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERR, PATRICIA M.

~~44300 GULF BLVD.~~ 13885 MEARES DR

~~#404~~

~~MADIERA BEACH FL 33708~~ LARGO, FL 34644

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 office address

(NOTE: Registered Agent signature required when making change)

DATE

3-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERR, PATRICIA M.	
STREET ADDRESS	44300 GULF BLVD., #404 13885 MEARES DR	
CITY-ST-ZIP	MADIERA BEACH FL LARGO, FL 34644	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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:

Signature and typed or printed name of signing officer or director

3-29-96 813-596-3900

CR2E034 (12/95)