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

**PROFIT** CORPORATION ANNUAL REPORT



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

H33483

(9)

## DOCUMENT # 1. Corporation Name VIDEO SIGHT & SOUND CORPORATION



Principal Place of Business Mailing Address						. I (Marifiel Griff stead enter Griffe en			. #1811 81811 1481
C/O RONALD L. GAILLARD  128 S.E. 8TH ST.  C/O RONALD L. GAILLARD  128 S.E. 8TH ST.									
CAPE CORA	AL FL 33990	CAPE CORAL FL 3	CAPE CORAL FL 33990			Date incorporated or Qualified     12/11/1984	d 3a. Date of Last Report 04/11/1995		
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
21		26	5			00 2 10 00 0			Not Applicable
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.	F			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		City & State	F-7			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			to Fees
Zip	Country Zip		Country			8. This corporation has lability for intangible tax under s 199.032,     Florida Statutes			
24	25			L					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	legistered	Agent	
				81	Name				
GAILLARD, RONALD L. 128 S.E.8TH ST.				82	Street Address (P.O. Box Number is Not Acceptable)				
	CORAL FL 33990			83					
OATE	CONALTEGOSSO			84	City		<del> </del>	85 Zr	o Code
					•	ation submits this statement for the pu	FL	_	<u> </u>
familiar wit	th, and accept the obligations of, Sec	thon 607.0505, Florida Statuti	es.			ation submiss this statement for the po d of directors. I hereby accept the app where renstategic.  ADDITIONS/CHANGES TO OFF	DATE		<del>_</del>
12.	DP OFFICERS AI	ND DIRECTORS  DELETE	1.11	IFLE		ALIENTO CONTROLLO TO CO.		Change	☐ Addition
THILE	GAILLARD, RONALD L.			1.2 NAME					
NAME	128 S.E. 8TH ST.	. 13		3 STREET ADDRESS					
STREET ADDRESS	CAPE CORAL FL			1.4 CHTY-ST-ZIP					
CITY-ST-ZIP TITLE	CALE COLUMN 12	DELETE		2 1 TITLE 2 2 NAME				Change	☐ Addition
NAME		_	2 2 N						İ
STREET ADDRESS			235	THEEF	ADDRESS				
City-St-ZiP			2 4 C	ITY-ST	r - ZIP				
TITLE		☐ DELETE	3 1 T	ITLF				☐ Change	☐ Adddion
NAME			32 N	AME					
STREET ADDRESS			335	STREET	ADDRESS				
CITY-ST-ZIP				ITY - SI	I - ZIP			Cnange	Addition
11TLE		☐ DELFTE	4 1 1					☐ Citalige	LJ Madillon
NAME			42 N						
STREET ADDRESS					AUDRESS				
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NAME				AME TOTAL	ADDDESCO.				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		HIY-S TITLE	1 · Zlr'			Change	Addition
TITLE		Floriti		NAME					
NAME					ADDRESS				
STREET ADDRESS				i					
CITY ST. 7IP	1		■ 541	D•TY⊸S	H-ZIF				

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 carry, 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 3 if changed or on an attachment with an address

SIGNATURE:

4-22-96 941-656-6123

CR2E034 (12/95)