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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # H54165



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 31, 1999 8:00 am **Secretary of State**

03-31-1999 90056 024 ***150.00

REHART'S VIDEO WAREHOUSE,	INC.				
Principal Place of Business Mailing Address				# 100ffbit Andr Attit Bridge tipprin attit aring andre aring andre aring	#1011 G1911 E1811 41811 1481
16205 S TAMIAMI TR #3 FT MYERS FL 33908 US	16205 \$ TAMIAMI TR #3 FT MYERS FL 33908 US	FT MYERS FL 33908		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 04/24/1985	
Principal Place of Business Za. Mailing Address				4. FEI Number	Applied For
21	26			59-2532619	Not Applicable
- Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		, _ ,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25		Country		8. This corporation owes the current year Intang Personal Property Tax.	gible ÎYes □No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JURSINSKI, KEVIN F. 2231 FIRST ST.		81	Name	The state of the state of the state of	, , , , , ,
		82	2 Street Address (P.O. Box Number is Not Acceptable)		
FT MYERS FL 33901	graph.	83			
Mark the second statement of the second seco		84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes, th	e above	e-named corporation	oration submits this statement for the purpose of chin's board of directors. Thereby accept the appointm	anging its registered nent as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ["] Change ☐ Addition DELETE TITLE 1.1 TITLE REHART, ROBERT O 1.2 NAME NAME 16205 S TAMIAMI TR SUITE 3 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33908 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition 2.1 T/TLE TITLE SD BRUMMERT, DOROTHY H. 2.2 NAME NAME 16205.S.TAMIAMI_TR.SUITE.3. 2.3 STREET ADDRESS STREET ADDRE FT MYERS FL 33908 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURÈ

CR2E034 (11/98