

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 # **H72182** (9)

1. Corporation Name

VIDEO KEEPSAKES, INC.



Principal Place of Business

**300 71ST ST.
SUITE 4410
MIAMI BEACH FL 33141**

Mailing Address

**300 71ST ST.
SUITE 4410
MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified
08/21/1985

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

21 **12000 Biscayne Blvd.**

Suite, Apt. #, etc.

22 **506**

City & State

23 **MIAMI, FL**

Zip

24 **33181**

Country

25 **USA**

2a. Mailing Address

26 **12000 Biscayne Blvd.**

Suite, Apt. #, etc.

27 **506**

City & State

28 **MIAMI, FL**

Zip

29 **33181**

Country

30 **USA**

4. FEI Number
59-2565819

Applied For
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

9. Name and Address of Current Registered Agent

**FREEDLINE, GARY
300 71ST ST.
SUITE 410
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

GARY Freedline

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

12000 Biscayne Blvd. #506

83

84 City

Miami

FL

85 Zip Code

33181

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

4-29-96

12. OFFICERS AND DIRECTORS

TITLE **VPTS** ☐ DELETE
NAME **FREEDLINE, GARY**
STREET ADDRESS **300 71ST ST., SUITE 410**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **FREEDLINE, GARY**
STREET ADDRESS **300 71ST ST., SUITE 410**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

305 895-3151

Daytime Phone #

CR2E034 (12/95)