

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 # **H75293** (1)

1. Corporation Name  
**VIDEO VANTAGE, INC.**



Principal Place of Business

**6314 CORPORATE CT.  
SUITE C-2  
FT. MYERS FL 33919  
US**

Mailing Address

**6314 CORPORATE CT.  
SUITE C-2  
FT. MYERS FL 33919  
US**

3. Date Incorporated or Qualified **09/09/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **4001-3 SANDBLEWOOD LN.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **4001-3 SANDBLEWOOD LN.**  
Suite, Apt. #, etc.

4. FEI Number **59-2654845** Applied For  
Not Applicable

22 City & State  
23 **FT. MYERS, FL.**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

24 **33907** 25 **LEE** 29 **33907** 30 **LEE**

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

**HULETTE, CAROLYN M  
1620 MEDICAL LANE #119  
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

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 date (if applicable)

(NOTE: Registered Agent signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>PSTD</b>			<input type="checkbox"/>
	<b>BOYTEK, KATHERINE R.</b>			
	<b>3602 LORI LANE</b>			
	<b>INDIANAPOLIS IN</b>			
	<b>VD</b>			<input type="checkbox"/>
	<b>DRUMMOND, MICHAEL E.</b>			
	<b>1576 OAK DR.</b>			
	<b>FT. MYERS FL</b>			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

**4001-3 SANDBLEWOOD LANE  
FT. MYERS, FL. 33907**

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: **Michael Drummond** **MICHAEL DRUMMOND** **3-15-96** **(941) 936-4383**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)