SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H92527

(1)

Mailing Address

TV MAN SALES AND SERVICE, INC.

FILED
Sep 19 1997 8:00am
Secretary of State



8614 STATE I DAVIE FL 333 US			2082 AUGUSTA -Fort-Lauderdale Fl 33326 US			DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 12/27/1985	3a. Date of Last Report 07/22/1996	
	lace of Business	·	2a. Mailing Address			4. FEI Number	Applied For	
21		26				59-2626773	Not Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	Α		City & State			& Flastian Compaign Financing		
23		28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	<u> </u>	Counti	у	8. This corporation owes or has pa		
24	25	29		30		Personal Property Tax due June		
	9. Name and Address	of Current Registere	d Agent			10, Name and Address of New Re	gistered Agent	
	CKSON, EDWARD	55		8	Name	EDWARD ER	CKSDN	
7040 W. PALMETTO PARK RD.					Street A	ddress (P.O. Box Number is Mot Acceptat	MCTA <	
	ITE 2-112 CA RATON FL 33433		8:	, ,	SUD - HUOT	13///		
ь	UM INTUN FL 33433			"	C	ORPORATE O	Prices L	
.=				84	City	15 STON	EI 85 Zip Code	
11. Pursuant	to the previations of Section	s 607.0802 and 607 1	508. Florida Steti	ites, the above	/e-named c	corporation submits this statement for the r	purpose of changing its registered	
office or r	egistered agent or both, in	tiy Sxit of Florida	such change was	authorized b	y the corpo	corporation submits this statement for the poration's board of directors. I hereby acceptances	of the appointment as registered	
	im ramiliar with and accept	Mozopugatione of co	CHOIL BUZ, USUS, F	Iorida Statuti	9S.		フィノレータフ	
SIGNATURE	Signature, typitid pri primed nation	epistered agent and title if app	licative (NC	TE Bogistered A	ent signature r	equired when reinstating)	DATE	
12.	OFFI	CERS AND DIRECTOR		13.	<u></u>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	P		☐ DELETE	1.1 TITLE			Change	
NAME	ERICKSON, EDWARD)		1.2 NAME			7	
STREET ADDRESS	2082 AUGUSTA			1.3 STREE	1 ADDRESS	1 de CTOM		
CITY-ST-ZIP	- FT. LAUDERDALE FL	33326		1.4 CITY -	ST-ZIP	WESTON		
TITLE			☐ DELETE	2.1 TITLE			Change Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	1 ADDRESS			
CITY-ST-ZIP				2. 4 CITY	S1-ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change Addition	
NAME				3.2 NAME				
STREET ADDRESS					T ADORESS			
CITY-ST-ZIP			DELETE	3.4. City	ST-ZIP		Change Addition	
TITLE NAME			TT NEEDE	4.1 TITLE			L. Change L. Adonion	
				4. 2 NAM				
STREET ADDRESS					1 ADDRESS			
CITY-ST-ZIP TITLE			DELETE	44 CITY-	91. TIF		Change Addition	
NAME				5.2 NAME				
STREET ADDRESS					T ACCRESS		\\\ \ \"\\	
CITY-ST-ZIP				5.4 CITY-			111/16(1)	
TITLE			☐ DELETE	6.1 TITLE	O. Ell		☐ Change ☐ Addition	
NAME				6.2 NAME		30000229 -09/19/970109	8333	
STREET ADDRESS					T ADDRESS	-09/19/970109	10021	
CITY-ST-ZIP		_		6.4 CITY-		***SS0.00		

14. I do 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 of supplemental amount when the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 serapted or on an attachment with an address.