

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J14542 (1)

1. Corporation Name

VIDEO VARIANTS, INC.



Principal Place of Business

Mailing Address

156 SECOND STREET S.W.
WINTER HAVEN FL 33880

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WINTER HAVEN FL 33880

3. Date Incorporated or Qualified

05/12/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2674163

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

2. Principal Place of Business

21 180 SECOND ST. S.W.

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN, FL

Zip

24 33880

Country

25 POLK

2a. Mailing Address

26 180 SECOND ST. S.W.

Suite, Apt. #, etc.

27

City & State

28 WINTER HAVEN, FL

Zip

29 33880

Country

30 1

9. Name and Address of Current Registered Agent

CARMICHAEL, T. MILLER
226 SHORE DR. S.E.
WINTER HAVEN FL 33880

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME CARMICHAEL, T. MILLER
STREET ADDRESS 226 SHORE DR. S.E.
CITY - ST - ZIP WINTER HAVEN FL

TITLE TD ☐ DELETE

NAME CARMICHAEL, T. MILLER
STREET ADDRESS 226 SHORE DR. S.E.
CITY - ST - ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 617, 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

6/24/96

(941) 299-5678

CR2E034 (3/96)