FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J28458 (

(4)

STOCK FILM - VIDEO INTERNATIONAL, CORPORATION

31001	V FICHT - VIDEO HATERINATI	ONAL, CONFORMION							
Principal Place of Business Mailing Address						}	11 01011 0509		
C/O RICHARD A. ZACUR 11219 BLOOMINGTON DR C/O RICHARD A. ZACUR 11219 BLOOMINGTON DR									
TAMPA FL 33635 TAMPA FL 33635						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2 Principal P	Place of Business	2a. Mailing Address				08/13/1986 4. FEI Number	 -	140	plied For
21 26						59-2739269	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.		dditional
22						5. Certificate of Status Desired			quired
City & Sta	le	City & State				6. Election Campaign Financing	\$5	.00	May Be
23		28				Trust Fund Contribution	Ad	ded t	o Fees
Zip	Country	Zip	Cour	ntry	1	8. This corporation owes or has paid the cu			
24	25		30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes Yes		No
7.	g. Name and Address of Curre	iit Aegistered Agent		81	Name	10. Name and Address of New Aegistered	Agent		
	CUR, RICHARD A.		Į						
	219 BLOOMINGTON DR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
IA	MPA FL 33635		}	83					
			L		<u></u>				
				84	City	FI	85	Zip C	Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable. (NOTE	: Registered	Age	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TOP	S IN 12
TITLE	DP OF THE PROPERTY OF THE PROP	DELETE	1,1 111	LE		ADDITIONS OF PARTIES TO OFF TOETHS AN	Char		Addition
NAME	HALLINAN, MARK	_	1.2 NAI	ME				_	
STREET ADDRESS	11219 BLOOMINGTON DR		1.3 STF	REET	ADDRESS				
CITY - ST - ZIP	TAMPA FL		1.4 CIT	Y-S1	.T-ZIP				
TITLE		DELETE	2.1 T)TI	LE			Char	nge	Addition
NAME			2.2 NA	ME					
STREET ADDRESS	Ì		2.3 STF	REET .	ADORESS				
CITY-ST-ZIP			2. 4 CIT	_	ST-ZIP				
TITLE		☐ DELETE	3.† TITI				L Char	nge	
NAME			3.2 NA						
STREET ADDRESS			•		ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CIT 4,1 TITL		11 - ZIP		Char	nge	Addition
NAME	}		4.1 1110 4. 2 NA				0,	- 50	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	•		4.4 CIT						
TITLE		DELETE	5.1 TITL	_			Char	nge	Addition
NAME			5.2 NAM	WE	İ				
STREET ADDRESS			5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-S1	T-ZIP				
TITLE		☐ DELETE	6.1 TITE				☐ Char	nge	Addition
NAME	1		COMAS	45	I				

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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

1/16/98 813 884-596=

FILED

Jan 23 1998 8:00am

Secretary of State