

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 2: 58

DOCUMENT # J91191

(3)

1. Corporation Name

SHALIMAR VIDEO CORPORATION

Principal Place of Business

Mailing Address

1193-B EGLIN PARKWAY NORTH
SHALIMAR FL 32579-8208

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SHALIMAR FL 32579-8208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

01/27/1994

4. FEI Number

59-2848108

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. 190.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BUSH, LAWRENCE P.
25 WALTER MARTIN RD
SUITE 203
FT WALTON BEACH FL 32548

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 for corporation)

(If FEI Numbered Agent Corporation required Agent's Signature)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PSD
HUDGENS, ROBERT S.
111 BEAL PKWY SE
FT WALTON BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
HUDGENS, EDNA E.
111 BEAL PKWY SE
FT WALTON BEACH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition

VICE PRESIDENT
DENISE WHALEY HUDGENS
111 BEAL PKWY, SE
FT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

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 190.032(1)(b), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

90465/3360