

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 20 AM 9:56

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K33737 (3)

1. Corporation Name
M.G. VIDEO, INC.

Principal Place of Business
**601 ELCKAM CIR B-3
222 TOTAL PALM DR
MARCO ISLAND FL 33937
US**

Mailing Address
**601 ELCKAM CIR B-3
222 TOTAL PALM DR
MARCO ISLAND FL 33937
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/22/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0076472** 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

7. This corporation has liability for intangible tax under s. 199 (1)(2) Florida Statutes Yes No

2. Principal Place of Business
21 **1025 No. Collier Blvd** 2a. Mailing Address
26 **601 Elkcam Circle**
Suite, Apt. #, etc. **Bldg 3** Apt. #, etc.
22
City & State
23 **Marco Island, FL** 28 **Marco Island, FL**
24 **33937** 25 **Collier** 29 **33937** 30 **Collier**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUSLER, GARY J.
601 ELCKAM CIR B-3
MARCO ISLAND FL 33937**

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 **Gary J. Hausler** DATE **6/14/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHARDSTEIN, MICHAEL	12 NAME	
STREET ADDRESS	541 S HEATHWOOD DR	13 STREET ADDRESS	
CITY ST ZIP	MARCO ISLAND FL	14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 (change) or on an attachment with an address.

SIGNATURE: **Michael E. Gerhardt**
Michael E. Gerhardt

DATE: **6-14-95** FILE NO: **394-7738**

CR2E034 (3/95)