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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K75502

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FILED

Feb 10 1998 8:00am

Secretary of State

NATIONAL EDUCATIONAL VIDEO, INC.					
				A KAMAMAH MAR HAMBA DELBA MANIN MANIN MARA BADA MAN	AN ONON ONOM PAGAR BIBLY ADD
			T-1		
Principal Place	e of Business	Mailing Address			it erått åtån erent etekt tikkt
305 5TH AVE SOUTH #201 305 5TH AVE SOUTH #20		N .			
NAPLES FL 33940 US		NAPLES FL 33940 US		DO NOT WRITE IN THIS	SPACE
03		03		3. Date Incorporated or Qualified	
				03/27/1989	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0110461	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	T	[28]	Country	Trust Fund Contribution	Added to Fees
Ζip	Country	Zip	— '	8. This corporation owes or has paid the cu	urrent year Intangible Yes No
24	25 9. Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
				10. Indian and Made of Maria Ing.	
GROSSENBACHER, ROBERT					
11746 QUAIL VILLAGE WAY NAPLES FL 34119			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
NO.	JES LE SALIA		63		 -
l					
			84 City	FI	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508. Florida Statute	is the above-named corp		
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, and accept the obligations of, Section 607.0505, Florida Statutes.					
ĺ	n ramiliar with, and accept the onliga	mons or, aection 607.0505, mo	nga statutes.		ł
SIGNATURE	Signatura, typed or printed marie of registered age	of and title if applicable (NOTE	Registered Agent signature require	ad when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSSENBACHER, LYNETTE		1.2 NAME]
STREET ADDRESS	11746 QUAIL VILLAGE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		1.4 CITY - ST - ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		Change L Addition
NAME	GROSSENBACHER, ROBERT		2.2 NAME		
STREET ADDRESS	11746 QUAIL VILLAGE WAY		2 3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP		
TIFLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY+ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		Í
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		Find Decent	5.1 TITLE		C cuando C Moduton
NAME			5,2 NAME		j
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		L_J ()CLLIC	62 NAME		C CHRIST C TAGRICIA
NAME CTOCCT ADDRESS			6.3 STREET ADDRESS		<u> </u>
STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 12 or Block 13 if chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

941-261-7177