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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K75502

1. Corporation Name
NATIONAL EDUCATIONAL VIDEO, INC.

Principal Place of Business
305 5TH AVE SOUTH #201
NAPLES FL 33940
US

Mailing Address
~~305 5TH AVE SOUTH #201~~
~~NAPLES FL 33940~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25

2a. Mailing Address
26
THE GULFSHORE BUILDING
27 4100 GOODLETTE ROAD, SUITE 250
NAPLES, FLORIDA 34103
28
Zip Country
29 30

3. Date Incorporated or Qualifed
03/27/1989

4. FEI Number
65-0110461
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GROSSENBACHER, ROBERT
11746 QUAIL VILLAGE WAY
NAPLES FL 34119

10. Name and Address of New Registered Agent

81 Name J. Robert Grossenbacher
82 Street Address (P.O. Box Number is Not Acceptable) 4452 Brynwood Lane
83
84 City Naples FL 85 Zip Code 34119

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GROSSENBACHER, LYNETTE 11746 QUAIL VILLAGE WAY NAPLES FL 34119	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GROSSENBACHER, ROBERT 11746 QUAIL VILLAGE WAY NAPLES FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	THE GULFSHORE BUILDING 4100 GOODLETTE ROAD, SUITE 250 NAPLES, FLORIDA 34103	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	THE GULFSHORE BUILDING 4100 GOODLETTE ROAD, SUITE 250 NAPLES, FLORIDA 34103	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynette Grossenbacher 1/27/99 941-4348000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)