

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

APPROVED
AND
FILED

95 APR -7 AM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L24235** (8)

1. Corporation Name

INTERNATIONAL VIDEO TAPE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

**GREGORY H. WINN
6160-B EDGEWATER DR
ORLANDO FL 32810
US**

**C/O GREGORY H. WINN
6160-B EDGEWATER DR
ORLANDO FL 32810
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1989

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2978410

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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. 199.032,

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINN, GREGORY H.
6160-B EDGEWATER DR
ORLANDO FL 32810**

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 (not later applicable)

(OFF) Registered Agent (signature required after registration)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DPS
WINN, GREGORY H.
153 DUNCAN TRL
LONGWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DVT
WINN, META M.
153 DUNCAN TRAIL
LONGWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

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 equally for the exemption stated in Section 110.07(2)(g), 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.

SIGNATURE: *Meta M. Winn* Meta M. Winn 4/14/95 (107) 298-8778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)