

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 49672
1. Corporation Name FRIEND & CONNECTION VIDEO
INTRODUCTIONS, INC

FILED
Apr 15, 1996 08:00 A
Secretary of State

Principal Place of Business Mailing Address
281 N NORTHLAKE BLVD SAME
SUITE III
ALTAMONTE SPRINGS, FL, 32701-3234

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	2-14-90	1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2991898	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

DONALD DIEKER
534. W. SPRINGTREE WAY
LAKE MARY, FL, 32746

10. Name and Address of New Registered Agent

81 Name JOHN W. DARBELT
82 Street Address (P.O. Box Number is Not Acceptable)
5011 FOXFIRE LANE
83
84 City LAKE MARY, FL 85 Zip Code 32746

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 state it is acceptable

Signature, typed or printed name of registered agent and state it is acceptable

DATE

4/11/96

12. OFFICERS AND DIRECTORS

TITLE	<u>DIRECTOR, PRESIDENT</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>SECRETARY, TREASURER</u>
STREET ADDRESS	<u>ELISABETH LEHMANN</u>
CITY-ST-ZIP	<u>534. W. SPRINGTREE WAY, LAKE MARY, FL</u>
TITLE	<u>REGISTERED AGENT</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>DONALD DIEKER</u>
STREET ADDRESS	<u>534. W. SPRINGTREE WAY</u>
CITY-ST-ZIP	<u>LAKE MARY, FL, 32746</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<u>DIRECTOR, PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<u>SECRETARY, TREASURER</u>
3. STREET ADDRESS	<u>ELISABETH GRIFFIN</u>
4. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
5. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
6. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
7. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
8. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
9. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
10. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
11. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
12. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
13. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
14. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
15. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
16. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
17. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
18. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
19. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
20. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
21. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
22. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
23. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
24. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
25. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
26. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
27. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
28. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
29. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
30. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
31. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
32. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
33. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
34. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
35. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
36. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
37. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
38. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
39. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
40. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
41. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
42. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
43. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
44. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
45. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
46. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
47. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
48. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
49. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>
50. CITY-ST-ZIP	<u>5011 FOXFIRE LANE 32746</u>

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 119.07(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 registered agent 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 any attachment with an address.

SIGNATURE: Elisabeth Griffin ELISABETH GRIFFIN 2-26-96 (402) 831.3800-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/11/96
Date: 4/11/96

CR2E034 (12/95)