

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L65368

(7)

1. Corporation Name

EAST OCEAN VIDEO, INC.

Principal Place of Business

Mailing Address

2391 S.E. OCEAN BLVD.  
STUART FL 34996

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STUART FL 34996

FILED  
96 SEP -9 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified  
04/11/1990

3a. Date of Last Report  
07/10/1995

4. FEI Number  
65-0194773

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KULAS, ROBERT J  
1960 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952

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 of officer or principal named registered agent and the if applicable

(If not, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LAFRENIERE, MICHAEL  
STREET ADDRESS 1672 SE GREEN ACRES CIRCLE #B102  
CITY-ST-ZIP PORT ST. LUCIE FL

11 TITLE LAFRENIERE, MICHAEL ☒ Change ☐ Addition  
12 NAME 2065 SW AQUARIUS LN  
13 STREET ADDRESS PORT ST. LUCIE, FL 34984  
14 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME LAFRENIERE, SANDRA  
STREET ADDRESS 2434 S.W. FALCON CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME 300001952553  
33 STREET ADDRESS -09/20/96--01028--0008  
34 CITY-ST-ZIP \*\*\*\*375.00 \*\*\*\*375.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Item 12 of Block 12 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/96

561-221-0806

Distance Phone #