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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90050 050 ***150.00

DOCUMENT # L85804 1. Corporation Name

ALL AMERICAN VIDEO RENTAL OF OKEECHOBEE, INC.

Principal Place 588 N. E. 28TH OKEECHOBEE	AVE	Mailing Address 588 N. E. 28TH AVENUE OKEECHOBEE FL 34972 US		DO NOT WRITE IN	91311 31351 91911 41814 41911 41411 1994
US		03		3. Date Incorporated or Qualifed 06/29/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0164565	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
24	25	29 36	0	Personal Property Tax.	Yes No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
GER	NAT, GREGORY				
588 NE 28TH AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OKE	ECHOBEE FL 34972		83		
			84 80		85 Zip Code
			84 City		FL
l office or r	to the provisions of Sections 607.050 registered agent, or both, in the State or familiar with, and accept the obligations.	of Florida. Such change was auth	iorized by the corporate	poration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its registered appointment as registered
į.	V Lind accept the conga	Section 607.0303, Fiolia	. Citatores.		41.9199
SIGNATURE	theyou Hen		egistered Agent signature require	ed when reinstating) DA	4/19/99
į.	Signature, typedor printed name of registered age	int and title if applicable. (NOTE: Re	•	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICER	
SIGNATURE	Signature, typed or printed hame of registered age OFFICERS AN	int and title if applicable. (NOTE: Re	egistered Agent signature require		IS AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, typed for printed frame of registered age: OFFICERS AN DP GERNAT, GREGORY	int and title if applicable. (NOTE: Re	agistered Agent signature require 13. 1.1 TITLE 1.2 NAME		
SIGNATURE 12. TITLE	Signature, types for printed hame of registered agein OFFICERS AN DP GERNAT, GREGORY 588 N. E. 28TH AVE	int and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed for printed frame of registered age: OFFICERS AN DP GERNAT, GREGORY	int and title if applicable. (NOTE: Re ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, types for printed hame of registered agein OFFICERS AN DP GERNAT, GREGORY 588 N. E. 28TH AVE	int and title if applicable. (NOTE: Re ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS