

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

DOCUMENT # **M11388**

(9)

55 MAY 10 AM 10:35

PULSAR VIDEO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
18540 S.W. 61 COURT FT. LAUDERDALE FL 33332 US	18540 S.W. 61 COURT FT. LAUDERDALE FL 33332 US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Organization)		3a. Date of Last Report	
02/15/1985		10/31/1994	
2. Principal Office Address	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2496750	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GALVIN, ROGER B.
18540 S.W. 61 CRT
FT. LAUDERDALE FL 33332

81. Name	85. Zip Code
82. Street Address, P.O. Box Number, or Mailing Address	FL
83.	
84. City	

11. I, the undersigned, being a duly qualified and duly sworn Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office to the new location in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accepted the appointment as registered agent. I am hereby accepting the responsibility of the corporation as set forth in the Florida Statutes.

Signature

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME	NAME
ADDRESS	ADDRESS
POSITION	POSITION
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
POSITION	POSITION
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
POSITION	POSITION
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
POSITION	POSITION
DATE	DATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the exemption subject to the provisions of the Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature is a true and correct signature. I am a duly qualified officer and director of the corporation or the owner of the corporation and I am hereby accepting the responsibility of the corporation as set forth in the Florida Statutes, and that my name appears on the list of officers and directors of the corporation.

SIGNATURE:

Danielle S. Galvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-95

305/949-9577