## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M30089

(0)

VIDEO MASTERS OF FLORIDA, INC.

FILED
Apr 22 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						_		I BIBLL DIBLL	ATEN OFFIN DIDE	A DIDAH IDDI
8333 W. MCNAB RD.		8333 W. MCNAB RD.								
SUITE 129		SUITE 129								
TAMARAC FL 33321		TAMARAC FL 33321			DO NOT WRITE IN THIS SPACE					
						(	Date Incorporated or Qualified 04/08/1986			
2. Principal Pla	ce of Business	2a. Mailing Address				4. F	El Number		Aŗ	pplied For
21		26					59-2655133			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.	Suite, Apt. #, etc.			5. 0	Certificate of Status Desired			Additional equired
City & State	City & State	hu & State							<del></del>	
23		28	¬ '				Election Campaign Financing rust Fund Contribution	Г		May Be to Fees
Zip	Country		Zip Country				<del></del>	id the cur		
24	25 29 30			]			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current		11	_			Name and Address of New Re		Agent	
KNO	BEL, GARY A.			81	Name					
4261 N.W. 103 DRIVE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33321				62 Street Addi			5. Dox Hornbor is Not Acceptat			
				83						
				84	City		· · · · · · · · · · · · · · · · · · ·		<b>85</b> Zip	Code
				"	Oity			FL	.   63   245	.
11. Pursuant to	the provisions of Sections 607 0502 gistered agent, or both, in the State	and 607.1508, Florida State	ites, the at	ove	-named corp	poration	submits this statement for the part of directors. I hereby accer-	ourpose of	changing if	ts registered
agent. I am	n <b>fam</b> iliar with, and accept the obliga	tions of, Section 607,0505, F	lorida Stat	utos	· ·	1110113 00	and of directors. Thereby accep	or me upp	Omanica as	registered
SIGNATURE										
	Ignature typed or printed name of registered ager			i Age:	nt signature requir			DATE	- DIRECTO!	
12.	OFFICERS AND	DELETE	13. 1,1 70	II F		AL	ODITIONS/CHANGES TO OFFIC	ENS ANL	Change	Addition
NAME	KNOBEL, GARY A.		1.2 NA						C. Ondrigo	7,000,001
STREET ADDRESS 4261 N.W. 103 DR.			1.3 STREET ADDR		ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP						
TITLE	<b>ST</b> □ DELETE			2.1 TITLE					Change	Addition
NAME	KNOBEL, DIANNE		2.2 NA	2.2 NAME					-	
STREET ADDRESS	4261 N.W. 103 DR.	2.3		2.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 C	ITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TU	ΙE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-S	T - 7IP					
TITLE		☐ DELETE	4.1 TII	LE					☐ Change	☐ Addition
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	REFT A	ADDRESS					
CITY-ST-ZIP			4.4 CI		r-ZIP					
TITLE		DELETE	5.1 TII						☐ Change	☐ Addition
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	brieze	5.4 CI		1 - ZIP				Change	Addition
TITLE		☐ DELETE	6.1 TI						Change	Addition
NAME			6.2 NA		********					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			64 CF	TY-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, of on an attachment with an address.

4/2/40 95471/10