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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M31620

1. Corporation Name

AMERICAN DOLLAR VIDEO OF BROWARD, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90036 047 ***150.00



Principal Place of Business Mailing Address					_		I MENIS MINIT NINIE I	E(0) W D E 0
5327 W. ATLANTIC BLVD. MARGATE FL 33063		5327 W. ATLANTIC BLVD. MARGATE FL 33063						
						DO NOT WRITE IN TH	IS SPACE	
						3, Date incorporated or Qualifed 05/06/1986		
a D: -:ID	f Postage	2a, Mailing Address				4, FEI Number	- Ar	plied For
	lace of Business	26 Vialing Address				59-2710713	<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	
22		27				5. Certifcate of Status Desired	Fee Re	equired
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	$\overline{}$	untry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	₽Ño
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registere	a Agent	
HIND	AUR, ROCHELLE			0,	Name			
	NW 100TH LANE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071				83				
	· · · · · · · · · · · · · · · · · · ·							
				84	City	City FL 85 Zip C		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the	above	e-named corpo	oration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	uthorize	d bv	the corporatio	on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE		41677	-		nt signature required	d when (einstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13		it signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	STD DELETE		_	11 TITLE			Change	☐ Addition
NAME	PRICE, ELIZABETH		1.2 NAME					
STREET ADDRESS	4251 CARAMBOLA CIR SO		1.3 STREET ADDRESS		T ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CI		S-YTK	T-ZIP			
TITLE	PD DELETE		2.11	2.1 TITLE			☐ Change	Addition
NAME	LINDAUER, BARRY		2.21	2.2 NAME)
STREET ADDRESS	642 N.W. 100TH LANE		2.3 9	TREET	T ADDRESS			
CITY-\$T-ZIP	CORAL SPRINGS FL		2.4	2. 4 CITY-ST-ZIP				- Addition
TITLE	VD			TTLE	ļ		☐ Change	☐ Addition
NAME	CITO/IOCI, HOCIACCE			MAME				
STREET ADDRESS	642 N.W. 100TH LANE				TADORESS			·
CITY-ST-ZIP	CORAL SPRINGS FL	☐ DELETE	3.4. CITY-		ST- ZIP		☐ Change	☐ Addition
TITLE		□ perese	4,1 111LE 4, 2 NAME		ĺ			
NAME			4.2 NAME 4.3 STREE		TADDDESS			
STREET ADDRESS		,	4.4 CITY-5					{
CITY-ST-ZIP TITLE		☐ DELETE		ITTLE	1-49"		☐ Change	Addition
NAME		:-	5.2 NAME					ļ
STREET ADDRESS			5.3 \$	TREET	TADDRESS			
CITY-ST-ZIP			5.4 (4 CITY-ST-ZIP				
TITLE	☐ DELETE		6.1	ITLE			☐ Change	☐ Addition
NAME			6.2	NAME				

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.

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AVIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR