


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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **M65437** (9)
1. Corporation Name
FLORIDA VIDEO CONTROL, INC.



Principal Place of Business
**101 JACKSON ST.
PO BOX 184
BATAVIA NY 14020
US**

Mailing Address
**5137 E MAIN STREET, P.O. BOX 184
PO BOX 184
BATAVIA NY 14021-0184
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1988	
21 Suite, Apt #, etc	26 Suite, Apt #, etc	4. FEI Number 16-1316586		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COUGHLIN, CASEY WILLIAM SUITE 610 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33085		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUXFORD, JAY W	1.2 NAME	
STREET ADDRESS	PO BOX 184 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	BATAVIA NY	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUXFORD, JAY W	2.2 NAME	
STREET ADDRESS	P.O. BOX 184	2.3 STREET ADDRESS	
CITY - ST - ZIP	BATAVIA N.	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPORTE, STEPHANIE	3.2 NAME	
STREET ADDRESS	9184 COLEMAN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARKER N.	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPORTE, STEPHANIE	4.2 NAME	
STREET ADDRESS	9184 COLEMAN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARKER N.	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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.

SIGNATURE: *Jay W. Tuxford* **JAY W. TUXFORD** 1 FEB 98 724-4123

CR2E034 (10/97)