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FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38419 (0)

1. Corporation Name

FLORIDA INSTITUTE OF VIDEO EDUCATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 701804
ST. CLOUD FL 34770-1804
US1023 S BASS RD
KISSIMMEE FL 34746
Box 1054
PLYMOUTH FL
32768

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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3. Date Incorporated or Qualified
06/01/19903a. Date of Last Report
04/05/1996

4. FEI Number

59-3045552

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSEY, KAREN
5713 JACQUILINE DR.
ZELLWOOD FL 327981023 S BASS RD
KISSIMMEE FL 34746

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BIRNS, SID
STREET ADDRESS 1833 BONNERLY CIR.
CITY-ST-ZIP APOPKA FLTITLE D ☐ DELETE
NAME BUSEY, KAREN
STREET ADDRESS 5713 JACQUILINE DR.
CITY-ST-ZIP ZELLWOOD, FLTITLE D ☐ DELETE
NAME SHULMAN, MICHAEL
STREET ADDRESS 11725 SW 89 COURT
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 1023 S BASS RD
2.3 STREET ADDRESS Kissimmee FL 34746
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME 1023 S BASS RD
3.3 STREET ADDRESS Kissimmee FL 34746
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Birns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

(407) 763-8697

Date

Daytime Phone

0069846

CR2E037 (9/96)