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Jul 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38419 (0)

1. Corporation Name

FLORIDA INSTITUTE OF VIDEO EDUCATION, INC.

Principal Place of Business

1023 S BASS RD  
KISSIMMEE FL 34446  
US

Mailing Address

BOX 1054  
PLYMOUTH FL 32768  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Suite 146

23 City & State  
24 LONGWOOD FL

25 Zip  
26 32750

Country  
27 USA

28 Mailing Address

29 Suite, Apt. #, etc.

30 City & State

31 Zip

Country

3. Date Incorporated or Qualified

06/01/1990

4. FEI Number

59-3045552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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 Registered Agent

BUSEY, KAREN  
5713 JACQUINE DR.  
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

LONGWOOD

FL

85 Zip Code

32750

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

Karen Busey Karen Busey

4/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BIRNS, SID  
STREET ADDRESS 1833 BONNERLY CIR.  
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME BUSEY, KAREN  
STREET ADDRESS 1023 S BASS  
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME SHULMAN, MICHAEL  
STREET ADDRESS 1023 S BASS RD  
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1225 BONNETT DR SUITE 146  
LONGWOOD FL 32750

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LONGWOOD FL 32750

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

SIGNATURE

MICHAEL SHULMAN 4/1/98 407 830 2462

CR2E037 (10/97)