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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # P9200001221 ((| DOCUMENT # 1. Corporation Name | P92000001221 | (0) |
|---------------------------|---------------------------------|--------------|-----|
|---------------------------|---------------------------------|--------------|-----|

| FRANC | DY VIDEO, INC. | | | | | | | | | | |
|---|--|-----------------------------|--|-----------------|-------------------|-----------|--------------|---|---------------|----------------------|--------------------------|
| Principal Place of Business Mailing Address | | | | | | | | 40 11901 JIO 1901 | | | |
| 4018 LITTLE NEW PORT | ROAD RICHEY FL 34655 | | 018 LITTLE ROAD EW PORT RICHEY FI | L 34 655 | | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 11/02/1992 | | of Last F 6/21/19 | |
| ⊢ · | ace of Business | F | Mailing Address | | | | | 4. FEI Number | | | Applied For |
| Suite, Apt. | # ato | 26 | D. A. L. S. L. | | | | | 59-3165719 | | | Not Applicable |
| 22 | | 27 | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | Fee | 5 Additional Required |
| City & State | | 28 | City & State | | | | * OF: 1 TO | Election Campaign Financing Trust Fund Contribution | | Adde | 00 May Be ed to Fees |
| Zip 24 | Country 25 | | Zip | | ountry | | | 8. This corporation has liability for Florida Statutes | | x under s | 199.032, |
| 24 | 9. Name and Address of Curre | 29 ent Registe | ered Agent | [30] | -т | | | Fiorida Statutes Yes 10. Name and Address of New F | | Agent | |
| ····· | | | 3 | | 81 | Name | | 10. Hamb and Madridge of How I | c grater co . | - Year | |
| CONST | ANT, ANDREW | | | | 00 | - CI - I | | (D.O. O. M. J. J. W. J. | | | |
| | OSSBERG DRIVE | | | | 82 | Street | Addres | s (P.O. Box Number is Not Acceptab | ole) | | |
| NEW PO | ORT RICHEY FL 34655 | | | | 83 | | | | | | |
| | | | | | 84 | City | | | Ei | 85 Z | ip Code |
| 11. Pursuant t | to the provisions of Sections 607.050 |)2 and 607 | .1508, Florida Statut | es, the al | L1 n-evoc | amed c | corporati | on submits this statement for the pur | pose of cha | _L_L inging its | registered office |
| or register familiar wit | ed agent, or both, in the State of Flo th, and accept the obligations of, Sei | rida. Such i ction 607.0 | change was authoriz 505, Florida Statutes | ed by the i. | e corpo | oration's | s board | on submits this statement for the pur of directors. I hereby accept the appr | ointment as | registered | d agent. Fam |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed or printed name of registered age | | | | | signature | required w | hen reinstating) | DA1E | | |
| 12. | OFFICERS AI | ND DIRECT | | 13 | | | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | CONSTANT, ANDREW | | DELETE | | TITLE | | | | L | Change | Addition |
| NAME OVEREZ ARRESOS | 5600 MOSSBERG DRIVE | | | | NAME | | | | | | |
| STREET ADDRESS | NEW PORT RICHEY FL 346 | 55 | | | | ADDRESS | 1 | | | | |
| CITY-ST-ZIP TITLE | ST | J J | DELETE | | CITY-SI LTITLE | 1 - ZIP | | | | 7 Change | I Addition |
| NAME | CONSTANT, FRANCES E | | better | | NAME | | | | L. |] Change | Addition Addition |
| STREET ADDRESS | 5600 MOSSBERG DRIVE | | | • | | ADDRESS | İ | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 346 | 55 | | | CITY-ST | | | | | | |
| TITLE | | - - | DELETE | | TITLE | 411 | t | | <u> </u> | 1 Change | Addition |
| NAME | | | | | NAME | | | | I - | 4* | |
| STREET ADDRESS | | | | 33 | STHEET | ACORESS | | | | | |
| CiTY-ST-ZIP | | | | 34 | CITY-ST | - ZIP | | | | | |
| TITLE | | | ☐ DELETE | ****** | TITLE | | | W/A | | Change | Addition |
| NAME | | | | 4.2 | NAME | | | | | | : |
| STREET ADDRESS | | | | | | ADDRESS | | | | | İ |
| CITY-ST-ZIP | | | | 4.4 | CHY-S | -ZIP | | | | | |
| TITLE | | | DELETE | 5 1 | TITLE | | | | | Change | Addition |
| NAME | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | [] Driete | | CITY-S1 | - 7IP | ļ | | | 3.0 | F-3 : |
| TITLE | | | DELETE | | TITLE | | | | Ĺ. |] Change | Addition |
| NAME SYSTEM ADDRESS | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | <u>L</u> | | | 64 | CITY-ST | - ZIP | l | | | | |

14. Ido hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 1. UNION 1. Constant - VARINT FRANCESE GINSTANT V/T 5/20/96 813-372-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)