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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90149 011 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200001479 1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

SOUTHERN VIDEO OF CHARLOTTE COUNTY, INC.

			ē							
Principal Place	of Business	Mailing Address	•				I	8193 JIWI 81911	(#010 LBI) (08)	
SOUTHERN VIDEO-PEACHLAND 24123 PEACHLAND BLVD #A10		SOUTHERN VIDEO-PEACHLAND 24123 PEACHLAND BLVD #A10								_
PORT: CHARLOT		PORT-CHARLOTTE FL				DO NOT WRIT	EINTHIS	SPACE		_
,	••					3. Date Incorporated or Qualifed				
						11/03/1992				
2. Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For	
21		26	··-			65-0364306			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional equired	
City & State		City & State	The state of the s			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees	
Zip	Country Zip		Co 30	untry		8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curre		130	T		10. Name and Address of New R	egistered A	Agent		
	J. Italia and records			81	Name					
HAY	Mans, Michael P			00	Care at Adda	ess (P.O. Box Number is Not Accepta	blo)			
2315 AARON STREET				82	Street Addre	ess (P.O. Box Number is Not Accepta	ole)			
POR	T CHARLOTTE FL 33952			83			•••			
				84	City		FL	85 Zip	Code	
								-4	- registered	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the	above	named corpo	oration submits this statement for the	purpose of	cnanging in	registered[=
Office or n	to the provisions of Sections 607.05 egistered agent, or both; in the State	e of Florida. Such change w	ras aumorize	ea ov u	named corpo he corporatio	oration submits this statement for the on's board of directors. I hereby accept	purpose of o	changing,io	egistered	=
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change w	ras aumorize	ea ov u	-named corpo he corporatio	oration submits this statement for the	purpose of one of the property of the purpose of th	changing, is itment as h	egistered	-
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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 of 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 of usate 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 on an attachment with an address, with all other like empowered.