FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

P93000019729 (1) **DOCUMENT #**

Mailing Address



ONE BLOCKBUSTER PLAZA 200 S ANFREWS AVE SIXTH FLOOR FT LAUDERDALE FL 33301-1860		200 S ANFREWS	ONE BLOCKBUSTER PLAZA 200 S ANFREWS AVE SIXTH FLOOR FT LAUDERDALE FL 33301-1860		Date Incorporated or Qualified 03/16/1993	3a, Date of Last Report 05/01/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26					65-0404412	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22 27						Fee Required	
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	0	28]	Counte		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Ziρ 29	Countr 30	y Y	This corporation has liability for Florida Statutes X Yes	intangibie tax under s 199.032, □ No	
24	9. Name and Address of Cur				10. Name and Address of New F		
			81	Nagarance	rican Information Service	and the same and a superior of the same of the same and t	
AMERIC	AN INFORMATION SERVICES	i. INC.					
	CKELL AVE		04	82 StOne S.E.P. Third Avenue Acceptable)			
24TH FL	OOR		83	83 27th Floor			
MIAMI F	L 33131		84	oMia	mi	833131 _{ode}	
•			0.	O Ry I I I I	••••	FL 89 Expedie	
or registen familiar wit	o the provisions of Sections 607.08 ed agent, or both, in the State of Figh, and accept the obligations of, S	lorida. Such change was auth	porized by the con	named con poration's b	poration submits this statement for the pur pard of directors. I hereby accept the app	rnose of changing its registered office ointment as registered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered a	gunt and title if applicable	(NOTE: Registered Agr	ent signature req	ired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1. 1 TITLE		P/T/D	Change Addition	
NAME	HUIZENGA, WAYNE JR		1.2 NAME	,	Wayne Huizenga, Ji	Г •	
STREET ADDRESS				1 ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE FL 3330		1.4 C(1) Y		Ft. Lauderdale, F		
TITLE	S SOUGH BIGHT D	DELETE	2 1 TITLE			Change Addition	
NAME			2.2 NAME	-			
STREET ADDRESS	200 S. ANDREWS AVE.			T ADDRESS			
CITY-ST-ZIP			2.4 CITY -			["] Change [X] Addition	
TITLE	, ,	☐ DELETE	3. 1 Title		William M. Pierce	Change Addition	
NAME			3 2 NAME		200 S. Andrews Av	•	
STREET ADDRESS				ET ADDRESS	Ft. Lauderdale, I		
CITY-ST-ZIP TITLE		T) DELETE	3 4 CITY-		VP	Change 🔀 Addition	
NAME			4 2 NAME		Robert A. Henning		
STREET ADDRESS				ET ADDRESS	200 S. Andrews Av		
CITY-ST-ZIP			4.4 CITY		Ft. Lauderdale, I		
TITLE		[7] DELETE	5. 1 TITU		Tr. Dangernate, 1	Change Addition	
NAME			5.2 NAME			, <u> </u>	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP.			5.4 C(1)		0000018	11320	
TITLE		☐ DELETE	6. 1 TITLE		-05/07/96011	391 Change Addition	
NAME		<u> </u>	6.2 NAMI		***6000.00		
STREET ADDRESS				I ADDRESS	We have such such as the same	·	
CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ /	6.4 CHY:				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		4	91 km	f. for the execution stated in Continue 110	107/01/IV Florida Ctatutas 1 further	

I do hereby certify that the information suppli-certify that the information indicated on this at oath; that I am an officer or director N the cor appears in Block 12 or Block 13 if changed, o filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

William M PIETCE SIGNATURE AND THE OR PHIM DINAME OF SIGNING OFFICER OR DIRECTOR