## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000024922 (5)

	HOWING VIDEO, INC.					
Principal Place		Mailing Address				
RT: 5 BOX 14 BIG PINE KEY		BIG PINE KEY FL 33043				
					3. Date Incorporated or Qualified	3a, Date of Last Report
					03/30/1993	02/13/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
			,		65-0394794	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	-	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30	. <u>.</u>		Yes No
	g. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
	ATIO, PETER W		• '	Name		
		inorca Dr.	82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)
BIG	PINE KEY FL 33043		83			<del></del>
			84	City		FL 85 Zip Code
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505. Fl	authorized by orida Statutes	the corpora	poration submits this statement for the particular portion's board of directors. I hereby acces	of the appointment as registered
	Signature, typed or printed name of registered age			nt signature requ	uired when roinstaling)	DATE
TITLE	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	X Change Addition
NAME	CAVATAIO, PETER		1.2 NAME			
STREET ADDRESS	-RT. 5 BOX 14		1.3 STREET	ADDRESS 3	0856 Minorca Dr.	
CITY-ST-ZIP	BIG PINE KEY FL		1.4 CiTY - S			
TITLE	D	☐ DELETE	2.1 TITLE	···· ··· <del>-</del> -·		Change Addition
NAME	CAVATAIO, ANTHANIA		2.2 NAME			
STREET ADDRESS	RT. 5 BOX 14		2 3 STREET	ADDRESS	•	
CITY-ST-ZIP	BIG PINE KEY FL		2.4 C(TY-	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP		T perest	3.4. CITY-	ST-ZIP		Change T Addition
TITLE		☐ DÉLETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	1		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - S 5.1 TITLE	n - ZIP		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-7IP			5.4 CITY - S			
TITLE		DELETE	6.1 TITLE	111		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

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

6.4 CITY - ST - ZIP

CITY-ST-ZIP

Poter Cavatain

a - 111-97

**FILED** 

Feb 18 1997 8:00am

Secretary of State

(305)872-8881