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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040401 (0)

HOLLYWOOD VIDEO, INC.

Principal Place of Business

18911-5 TAMIAI FT. MYERS FL	MI TRAIL SOUTH 33912	18911-5 TAMIAMI TRAIL SO FT. MYERS FL 33908-4702	HTU		Date Incorporated or Qualified	<b>3a.</b> Date o	I Jast B	leport.
					06/08/1993	05/01/1		ioport
2. Principal P	2a. Mailing Address	illing Address		4. FEI Number 65-04 1500 1	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	6	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b> ]	Country 25		Coun	lry		] Yes 🔲 N	0	. 199.032,
	<ol> <li>Name and Address of Curre NEN, JAMES T</li> </ol>	nt Registered Agent		II Name	10. Name and Address of New Re	gistered Ager	nt	
11. Pursuant office or ragent. I a	1-5 TAMIAMI TRAIL, S.  AYERS FL 33908  to the provisions of Sections 607.05 egistored agent, or both, in the State of familiar with, and accept the obligent	02 and 607.1508, Florida Statute of Florida, Such change was a galions of, Section 607.0505, Flo	E the abo	Gity	rporation submits this statement for the pation's board of directors. I hereby accept	FL 85	ipoino it	Code s registered registered
SIGNATURE	Signature, typed or printed hame of registered as	ent and tale if applicable. (NOT)	- flegistered /	Agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTOF	RS IN 12
TITLE	D	DELETE	1.1 7011	F			Change	Addition
NAME	MULRRONEY, KENNETH		1.2 NAM	E ]				
STREET ADDRESS	847 HYDRANGER DR		1.3 STR	ET ADDRESS		,		
CITY-ST-ZIP	N. FT. MYERS FL			- S1 - 7IP				
TITLE	D	DELETE 21		f			Change	Addition
NAME	LANNEN, JAMES T	N 1	2.2 NAM	E				
STREET ADDRESS	18911-5 TAMIAMI TRAIL SOUTH		23 S1R	ET ADDRESS	4	20 I		
CITY-ST-ZIP	FT. MYERS FL 33912	05/655		r-ST-ZIP	······································	<del></del>		
TITLE		DELETE 3.1					Change	Addition
NAME I			3.2 NAV	- 1				
STREET ADDRESS			3.3 \$TR	ET ADDRESS				
CITY-ST-ZIP	<del></del>			( - ST - 21P			<u> </u>	
TITLE		☐ DELETE	4.1 7 ITL				Change	Addition

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 eath; 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.

4.3 STREET ADDRESS

4.4 CITY-ST-7/P

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CHTY-ST-ZIP

5.1 71TLE

5.2 NAME

6.1 TALE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

exact fleren

DELETE

DELETE

4-30-97 (941)267-1343

☐ Addition

□ Addition

Change

Change

**FILED** 

May 12 1997 8:00am

Secretary of State