


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

APPROVED AND FILED

95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000041133 (8)**

1. Corporation Name
SESSA FAMILY VIDEO, INC.

Principal Place of Business / Mailing Address

**9029 LITTLE ROAD
NEW PORT RICHEY FL 34654**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Organized	3a. Date of Last Report
21	State Apt # etc	26	State Apt # etc	06/04/1993	05/31/1994
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Country	28	Country	59-3188024	
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	30	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
26	Country	31	Country	8. This corporation has liability for intangible tax under S 199.032 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIERZYNSKI, MICHAEL J CPA
5143 COMMERCIAL WAY
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City & State
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSA, SAL	12 NAME	
STREET ADDRESS	1124 GREENTURF RD	13 STREET ADDRESS	
CITY & STATE	SPRING HILL FL 34608	14 CITY & STATE	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSA, MARGARET	22 NAME	
STREET ADDRESS	1124 GREENTURF RD	23 STREET ADDRESS	
CITY & STATE	SPRING HILL FL 34608	24 CITY & STATE	
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSA, NICK	32 NAME	
STREET ADDRESS	1124 GREENTURF RD	33 STREET ADDRESS	
CITY & STATE	SPRING HILL FL 34608	34 CITY & STATE	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSA, MIREL	42 NAME	
STREET ADDRESS	1124 GREENTURF RD	43 STREET ADDRESS	
CITY & STATE	SPRING HILL FL 34608	44 CITY & STATE	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY & STATE		54 CITY & STATE	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY & STATE		64 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it 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 person or person empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1 of this report in the list of officers and directors with an address.

SIGNATURE: *X Nick Sessa* **NICK SESSA** *X 4-28-95* **813 861-7704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR