PROFIT CORPORATION ANNUAL REPORT 1996		FL ORI	FLORIDA DEPARTMENT OF STATE Sandra B. Morthain Secretary of State DIVISION OF CORPORATIONS				
1. Corporation	MENT # P930( IR VIDEO, INC	00050203	3 (7)			- 	# <b>01/00</b> ### 10 <b>8</b> 0
Principal Place 3100 S DIXIE #12 BOCA RATO	E HWY	Mailing Addres 3100 S DIXIE #12 BOCA RATON	HWY		3. Date Incorporated or Qualified	3a. Date of Last F	
2. Principal Pla	ace of Business	2a. Mailing Add	ress	<b>State</b>	<b>07/19/1993 4.</b> FEI Number	05/01/19	
Suite, Apt a	ite, Apt. #, etc.		Suite, Apt. #, etc.		65-0295101  5. Certificate of Status Desired		Not Applicable  5 Additional Required
City & State 23 Zip	City & State   28   Country   Zip   C		ountry	6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for	Adde Adde	May Be	
24	9. Name and Address of Curr	29 ent Registered Agent	30	81 Name		□ No	199.032,
GOODMAN, ROBERT 3100 S DIXIE HWY #12 BOCA RATON FL 33432				82 Street Address (P.O. Box Number is Not Acceptable) 83			
SIGNATURE.	o the provisions of Sections 607.056 od agent, or both, in the State of Fich, and accept the obligations of, So	on Roiser	GOODMA	bove named corpore corporation's boar	ration submits this statement for the pured of directors. Thereby accept the appoint		p Code registored office I agent. I am
12. TITLE NAME STREEF ADDRESS CHY-ST-ZIP		ND DIRECTORS	13 FTE 1 1.2 1.3	I TITLE NAME STHEET ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	CR2 IN 12  CR5 IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DEL	E16 2.1 2.2 2.3	CITY-SI-ZIP I TILLE NAME STREET ADDRESS CITY-SI-ZIP		Change	Addition O
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DEL	ETE 3.1 3.2 3.3 3.4	NAME STHEET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME SIREET ADDRESS CITY-ST-ZIP		☐ DEL	42 4.3 4.4	TITLE NAME STREET ADDRESS City-St-Zip		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •		5.2 5.3 5.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30000183 -05/23/96010 ***200.00	□ Change 3 <b>5973</b> 08043	Addition
NAME STREET ADDRESS CHY-SI-ZIP	and to that the information	Defe	6.2 6.3 6.4	TITLE NAME STREET ADDRESS CITY-S1-ZIP		Change	Addition
oath; that i	am an officer or director of the corp Block 12 or Block 13 if changed, or URE:	oration or the receiver con an attachment with	report r trustee empowe an address.	ered to execute this	or the exemption stated in Section 119.0 e and that my signature shall have the streport as required by Chapter 607, Flor	ame legal effect as if rida Statutes; and tha	made under it my name