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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 26 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

,	MENT # P9300 ric video inc.	)0054515 (0)			
Principal Plac	e of Business	Mailing Address		- I IESIABA IIA IGIAO IIUI ODILI ABLU SSIAL OBIDI	DIES BIBOL BESON HORS BUS INCH
2332 8.R. 580		MOO N. FORSYTH ROAD	-		
CLEARWATER FL 34623		SUITE 202			
1		ORLANSO FL 32807		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				08/03/1993	· · · · · · · · · · · · · · · · · · ·
	lace of Business	2a. Mailing Address 26 815 EYRIE		4. FEI Number	Applied For
Suite, Apt.	# atc	26 815 EYRIE Suite, Apt #, etc.	DR.	59-3195641	Not Applicable \$8.75 Additional
22		27 Svite 2		5, Certificate of Status Desired	Fee Required
City & Stat	6	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28 DVIEDO	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 32765 3	30 US	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
BURRIS, GREG 81 Name					
	2 ONONDAGA DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>
GENEVA FL 32732					
			83		
İ			84 City		85 Zip Code
L				F	L B Zip code
office or r	egistered agent, or both, in the Sta	ate of Florida Such change was au ligations of, Section 607 0505, Flori	thorized by the corporal	oration submits this statement for the purpos- ion's board of directors. I hereby accept the a ed when reinstating)	appointment as registered
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	Burris, Greg		1.2 NAME		
STREET ADDRESS	1672 ONON DAGA DRIVE		1.3 STREET ADDRESS		
C(TY-\$T-ZIP	GENEVA FL 32732		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		i
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - 2IP 5.1 TITLE		Change Addition
NAME		בן טנננונ	5.2 NAME		Li Aliango El Manifott
			l i		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del>_</del>	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		
CITY-ST-ZIP			0.4 GH 1-31-21F	0-1-40 07/07/2 51-1-5	

Thereby 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 of on an attachment with an address.