

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000062132 (4)**

1. Corporation Name

**PRO VIDEO & COMPUTER DEPOT, INC.**



Principal Place of Business

**2913 CULLEN LAKE SHORE DR  
ORLANDO FL 32812**

Mailing Address

**4949 SOUTH ORANGE AVE  
ORLANDO FL 32806  
US**

2. Principal Place of Business

21 **4949 S. Orange Ave.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **Orlando, FL**

24 Zip **32806** 25 Country **Orange**

27 City & State

28

29 Zip 30 Country

3. Date Incorporated or Qualified  
**09/03/1993**

3a. Date of Last Report  
**04/18/1995**

4. FEI Number  
**59-3204381**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**PARK, JOHN N  
4949 SOUTH ORANGE AVE  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of signing officer or director)

Date (typed or printed name of signing officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D PARK, JOHN N**  
STREET ADDRESS **4949 SOUTH ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96**

**(407) 438-1717**

CR2E034 (12/95)