

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 # **P93000086880 (0)**

1. Corporation Name

F.Y.I. VIDEO INC.



Principal Place of Business

Mailing Address

**3530 MYSTIC POINTE DR.
SUITE 311
AVENTURA FL 33180**

**3530 MYSTIC POINTE DR.
SUITE 311
AVENTURA FL 33180**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
08/11/1995

4. FEI Number
65-0494789

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

10. Name and Address of New Registered Agent

**DEAKTER, DANIEL R MD
3530 MYSTIC POINTE DR.
SUITE 311
AVENTURA FL 33180**

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

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 registered agent, if the name is new)

(If FEI Number of Agent is not changed, leave blank)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	DEAKTER, DANIEL R M.D.	
STREET ADDRESS	3530 MYSTIC POINTE DR., #311	
CITY - ST - ZIP	AVENTURA FL	
TITLE	VP	☐ DELETE
NAME	TRESSER, ALAN E	
STREET ADDRESS	4551 GREENSTONE RD.	
CITY - ST - ZIP	PLACERVILLE CA	
TITLE	S	☐ DELETE
NAME	DEAKTER, DANIEL R M.D.	
STREET ADDRESS	3530 MYSTIC POINTE DR., #311	
CITY - ST - ZIP	AVENTURA FL	
TITLE	T	☐ DELETE
NAME	TRESSER, ALAN E	
STREET ADDRESS	4551 GREENSTONE RD.	
CITY - ST - ZIP	PLACERVILLE CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 a attachment with an address.

SIGNATURE:

Daniel R. Deakter **DANIEL R. DEAKTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-2-96 (305) 682-8006
Date
Display Phone #

CR2E034 (12/95)