

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000086880 (0)

1. Corporation Name
F.Y.I. VIDEO INC.

Principal Place of Business
3530 MYSTIC POINTE DR.
SUITE 311
AVENTURA FL 33180

Mailing Address
3530 MYSTIC POINTE DR.
SUITE 311
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1993	3a. Date of Last Report 08/07/1996
4. FEI Number 65-0494789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DEAKTER, DANIEL R M.D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAKTER, DANIEL R M.D.	1.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR., #311	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	VP TRESSER, ALAN E <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRESSER, ALAN E	2.2 NAME	
STREET ADDRESS	4551 GREENSTONE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLACERVILLE CA	2.4 CITY-ST-ZIP	
TITLE	S DEAKTER, DANIEL R M.D. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAKTER, DANIEL R M.D.	3.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR., #311	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	
TITLE	T TRESSER, ALAN E <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRESSER, ALAN E	4.2 NAME	
STREET ADDRESS	4551 GREENSTONE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLACERVILLE CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 changed, or in an attachment with an address.

SIGNATURE

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-08/13/97--01020--014
***550.00

CR2E034 (4/97)