

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000088087 (0)**

1. Corporation Name
VIDEO CORP.

Principal Place of Business

8393 NORTHCLIFFE BOULEVARD
SUITE 302
SPRING HILL FL 34606

Mailing Address

8393 NORTHCLIFFE BOULEVARD
SUITE 302
SPRING HILL FL 34606-1141



2. Principal Place of Business

21 **8417 Northcliffe blvd**

Suite, Apt. #, etc.

22 **Suite 302**

City, State

23 **Spring hill FL**

24 **34606**

Country

2a. Mailing Address

26 **8417 Northcliffe blvd**

Suite, Apt. #, etc.

27 **Suite 302**

City, State

28 **Spring hill FL**

29 **34606**

Country

3. Date Incorporated or Qualified
12/28/1993

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3216778

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

POWERS, JAMES J
8393 NORTHCLIFFE BOULEVARD
SUITE 302
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name **Phylis Marie Powers**

82 Street Address (P.O. Box Number is Not Acceptable)
8417 Northcliffe blvd

83 **Suite 302**

84 City **Spring hill**

FL

85 Zip Code **34606**

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 and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **James J. Powers**

Signature of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
 NAME **POWERS, JAMES J**
 STREET ADDRESS **8087 RHANGOUY ROAD**
 CITY - ST - ZIP **SPRING HILL FL**

TITLE **P** ☐ DELETE
 NAME **Powers, Phylis M**
 STREET ADDRESS **8087 Rhanboun Rd**
 CITY - ST - ZIP **Spring hill FL 34606**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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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

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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

James J. Powers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)