SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000005297 (4)**

1. Corporation Name
VIDEO MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2469 10TH AVENUE NORTH LAKE WORTH FL 33461	2469 10TH AVENUE NORTH LAKE WORTH FL 33461

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2469 10TH AVE N.	26 2469 10TH AVE N.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LAKE WORTH, FL.	28 City & State: LAKE WORTH, FL.
24 Zip: 33461 25 Country: USA	29 Zip: 33461 30 Country: USA

4. FEI Number: 65-0458733 ☐ 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
DIMINO, PATRICIA A 2469 19TH AVENUE NORTH LAKE WORTH FL 33461	81 Name: DIMINO, PATRICIA A. 82 Street Address (P.O. Box Number is Not Acceptable): 2469 10TH AVE N. 83 84 City: LAKE WORTH, FL. FL 85 Zip Code: 33461

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	PATRICIA A. DIMINO	1.2 NAME	
STREET ADDRESS	2469 10TH AVE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL. 33461	1.4 CITY-ST-ZIP	
TITLE	SEC. TREAS.	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE M. DIMINO	2.2 NAME	
STREET ADDRESS	2469 10TH AVE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL. 33461	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: LAWRENCE M. DIMINO 8/7/95 407-969-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0181320 FP