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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000015410 (1)

POWER VIDEO ENTERPRISES, INC.

Principal Place of Business

24

Mailing Address

29

3410 DUNE VISTA DR. POMPANO BEACH FL 33069 3410 DUNE VISTA DR. POMPANO BEACH FL 33069

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEl Number Applied For 21 26 65-0472128 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No

30

g. Name and Address of Current Registered Agent SELZER, JEFFREY S 2400 E COMMERCIAL BLVD SUITE 723 FT LAUDERDALE FL 33308

25

	Personal Property Tax due June 30. Yes No						
	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 ramiliar with, and accept the obligations of, Section 507.0505, Fforida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and litle if	applicable. (NOTE	Registered Agent signature require	red when reinstaling)	DATE	<del></del> -		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 12		
TITLE	PD	DELETE	1,1 TITLE		Change	Addition .		
NAME	TUCKER, HOWARD		1.2 NAME					
STREET ADDRESS	3410 DUNE VISTA DR.		1.3 STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP					
TITLE	VD	DELETE	2.1 TITLE		☐ Change	Addition		
NAME	TUCKER, ELAINE		2.2 NAME					
STREET ADDRESS	3410 DUNE VISTA DR.		2.3 STREET ADDRESS					
CITY - ST - ZIP	POMPANO BEACH FL 33069		2, 4 CITY - ST-ZIP					
TITLE		DELETE	3 1 TITLE		☐ Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		Change	Addition Addition		
NAME	I		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY -ST-ZIP			5.4 CITY-ST-ZIP			4 4- 1-		
TITLE		DELETE	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
			2 4 2 TH 2 TH 2					

14. Thereby 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: ELAINE

2/1/98 (954)974-0533