

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

FILED
May 22 1996 8:00 am
Secretary of State

DOCUMENT # P94000021354 (3)

1. Corporation Name
F.M.VIDEO SOLUTIONS, INC.



Principal Place of Business 2840-E REMINGTON GREEN CIR TALLAHASSEE FL 32308	Mailing Address 2840-E REMINGTON GREEN CIR TALLAHASSEE FL 32308
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3. Date Incorporated or Qualified 03/18/1994	3a. Date of Last Report 04/27/1995
4. FEI Number 59-3236696	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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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9. Name and Address of Current Registered Agent
**WILKINSON, BEN H
7273 OX BOW ROAD
TALLAHASSEE FL 32312**

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
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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRUMPACKER, WILLIAM J III	
STREET ADDRESS	837 BROOKWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANTON, THOMAS M	
STREET ADDRESS	1215 BUCKINGHAM DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EVERALL, JAMES M	
STREET ADDRESS	2123 SPENCE AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, BARBARA J	
STREET ADDRESS	1739 KATHRYN AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Miller, Wilton R.	
2.3 STREET ADDRESS	3015 Windsor Way	
2.4 CITY-ST-ZIP	Tallahassee FL 32312	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mayfield, Catherine D.	
3.3 STREET ADDRESS	7510 Buck Lake Rd.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32311	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Evans, Steven L.	
4.3 STREET ADDRESS	3920 Bobbin Brook Circle	
4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dunlap, Davisson F.	
5.3 STREET ADDRESS	3765 Bobbin Mill Road	
5.4 CITY-ST-ZIP	Tallahassee, FL 32312	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address.

SIGNATURE: *William G. Crumacker* 5/20/96 904.385.7915
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 William G. Crumacker, President
 Date Daytime Phone #

CR2E034 (12/95)