FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000027611 (0) **DOCUMENT #** 1. Corporation Name

LUSCO VIDEO, INC.				
Principal Place of Business	Mailing Address			
11250-2 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257	11250-2 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257			



		•			Date Incorporated or Qualified		Last Report
2. Principal Piace of Business				04/07/1994	05/	01/1995	
21	Telec of Eldar less	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	#. etc.	26			59-3233427		Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & Sta	re	City & State		, , , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing		\$5.00 May Be
Z(p)		28	+		Trust Fund Contribution		Added to Fees
24	Country	Ζφ	Cour	ŀу	This corporation has liability for	intangible tax u	
24]	25	[29]	30		Florida Statutes 🔲 Yes	No	
	g. Name and Address of Current	Hegistered Agent		.т	10. Name and Address of New F	egistered Age	ent .
0400	(11/11/44) Bara s		1	31 Name		7.22	
	UKHAN, PAUL A		1	32 Street Add	ress (P.O. Box Number is Not Acceptab	lo)	
11250	-2 OLD ST AUGUSTINE ROAD			Street Add	•	ie,	
JACKS	SONVILLE FL 32257		[6	33			
			F-2	34 City		****	
				1 - 7			5 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 ared agent, or both, in the State of Florida	nd 607.1508, Florida Statu	ites, the above	e-named corpor	ration submits this statement for the com		
familiar w	red agent, or both, in the State of Florida ith, and accept the obligations of, Section	Such change was authori 607 0505, Floods Statuto	ized by the co	rporation's boar	rd of directors. I hereby accept the appoint	pose of changi pintment as req	ng its registered offici istered abent. Lani
SIGNIATURE			Its.				J
GIGHTAT OF IE.	Styrahile, typica or prevent happed registered agent as	to forgotiana ga	k Die 16 on lengt A	jer i Sijoatare regules	and the second second		
12.	OFFICERS AND (WRECTORS	13.		ADDITIONS/CHANGES TO OFFI	DATE	7050
INTE	D	[] DELETE	1 1 7 11	F	ADDITIONS/GRANGES TO OFFI	CENS AND DIF	
NAME	SAROUKHAN, PAUŁ A		12 NAM		* * *	r) c	lange [Addition
STREET ADDRESS	11250-2 OLD ST AUGUSTINE	ROAD		LI ADDAESS	•		
CHTY-ST-ZIP	JACKSONVILLE FL 32257						
TIFLE		[] DELETE	2 1 1/11	- S1 - 7 ₁ P			
NAME			2.2 NAM			_ c	nange 🔲 Addition
STREET ADDRESS					,		
CITY-ST ZIP				E7 ADDRESS			
TiTLE		DELETE	2.4 CITY 3.1 TIE				
NAME						□ C ¹	nange 🔲 Addition
STREET ADDRESS			3.2 NAMI	1			
CITY - ST - ZIP		1		ET ADDRESS			
Tiflé		ED OCICIO	3.4 OHY	····			
NAME		DELETE	4 1 11"[[1		☐ Ch	iange Addition
STREET ADDRESS			4.2 NAMS				
DITY-ST-ZiP			4.3 STHE	EL ADORESS			
TATLE		T onere	4.4 CITY -				
NAME :		☐ DELETE	5 1 TITLE			☐ Ch	ange 🔲 Addition
	·		5.2 NAME				
STREET ADORESS			5.3.51#16	LADDRESS			
CITY - ST - ZIP			5.4 CHY-	ST-ZIP			
TITLE		☐ DELFI€	€ 1 Title			Ch.	ange
NAME			6.2 NAME				J. L. Masicon
STREET ADDRESS			63STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CiTy -	Į.			

14. I do hereby cert fy 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 signal are shall have the same legal effect as if made under appears in Block 12 or Block 13 in hanged, or on an attachment with an address

SIGNATURE:

4-28-96 904.

904.262-9359

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR