

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

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**95 APR 26 AM 10: 08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000038252 (0)**

1. Corporation Name

**PRO/FOUR VIDEO PRODUCTS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>2131 SUNNYDALE BLVD CLEARWATER FL 34625</b>	Mailing Address <b>2131 SUNNYDALE BLVD CLEARWATER FL 34625</b>
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3. Date Incorporated or Qualified <b>05/16/1994</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-3251894</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State <b>23</b>		City & State <b>28</b>		b. This corporation has liability for intangible tax under s. 119.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>				

9. Name and Address of Current Registered Agent

**KLOPPER, ALFRED H  
2131 SUNNYDALE BLVD  
CLEARWATER FL 34625**

**KLOPPER, ALFRED H.**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>KLOPPER, ALFRED H</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KLOPPER, ALFRED H</b>	<b>KLOPPER, ALFRED H</b>	1.2 NAME	
STREET ADDRESS <b>2131 SUNNYDALE BLVD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 34625</b>		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(4), 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 I have had an appointment with an address.

SIGNATURE:

*Alfred H. Klopfer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Alfred H. Klopfer**

**4/14/95 813-461-6060**