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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P94000061681** (0)

NORTHEAST VIDEO, INC.

Principal Place of Business	Mailing Address
1641 COMMERCE AVE. NORTH	1641 COMMERCE AVE. NOR

## FILED Apr 25 1997 8:00am Secretary of State



ST. PETERSBU	IRG FL 33716-4205	ST. PETERSBURG FL 33716-4205					
						3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 05/29/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21		26	26		59-3270574	Not Applicable	
Suite, Apt	. #, elc.	Suite, Apt	#, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	:			G COMMON OF BIGHT DOMEST	Fee Required
City & Sta	te	City & Sta	ile			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 Zip		Country	,	Trust Fund Contribution	Added to Fees
24	25	<u>├</u>		Country	•	8. This corporation has liability for	<b>-</b>
<u> </u>		of Current Registered Age	30	J.,. <u>.</u>		Florida Statutes  10. Name and Address of New Re	Yes No
KUI	ENDA, JOHN F	or contain ringintared Age		81	Name	10. Name and Address of New Ne	gistered Agent
	1 COMMERCE AVE. NOF	o <b>T</b> LI			- Name		
	PETERSBURG FL 33716			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)
91.	i Elenoporto l'E 00/ 10	TEVV		83			
				84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Section	s 607 0502 and 607 1508. FI	orida Statutos it	be above	e-named cor	rogration submits this statement for the n	
office or	registered agent, or both, in	the State of Florida, Such of the obligations of, Section 6	range was auth	orized by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	of the appointment as registered
_	янт ғанинат мінт, апо ассерд	the obligations of Section 6	ur.usus, Horida	a Statute:	S.		
SIGNATURE	Signature, typed or printed name of a	agistered agent and tile if applicable	(NOTE: Box	nisterná Anr	ent singature regu	ured wher re-estating)	DATE
12.		CERS AND DIRECTORS	(1.5.1	13.	- I collection of to de	ADDITIONS/CHANGES TO OFFIC	_
TITLE	D		DELETE	11 TITLE			Change Addition
NAME	KOLENDA, JOHN F			1.2 NAME			<u>-</u>
STREET ADDRESS	1641 COMMERCE AVE			1.3 STREET	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	33716-4205		1 4 CiTY - S	1 - ZIP		
TITLE	D		DELETE	2.1 TITLE			Change Addition
NAME	STEWART, LAURA K			2.2 NAME			
STREET ADDRESS	1641 COMMERCE AVE			2 3 STREE1	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	33716-4205	1	2. 4 CITY - 9	S1 · Z(P		
TITLE	D		DELETE	3.1 TITLE			Change Addition
NAME	DAVIES, JOHANNA A			3.2 NAME	-		
STREET ADDRESS	1641 COMMERCE AVE			3.3 STREET	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL			3.4. CITY - S	ST - ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STHEE!	ADDRESS		
CITY-ST-ZIP				4.4 CITY~S	T - ZIP		
TITLE			DELETE	51 THLE			Change Addition
NAME			1	5.2 NAME			
STREET ADDRESS				5.3 STREET	address		
CITY-ST-ZIP	·			5.4 CITY-S	T-ZIP		
TITLE			DELETE	6.1 TrillE	.		Change Addition
NAME				6.2 NAME			
STREET ADDRESS			1	G.3 \$TREET	ADDRESS		
CITY-ST-ZIP				6.4 C(1) - S	1-2IP		

I do hereby 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 eath, 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 op an attachment with an address.