

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000061681 (0)**
1. Corporation Name
NORTHEAST VIDEO, INC.

Principal Place of Business
**1841 COMMERCE AVE. NORTH
ST. PETERSBURG FL 33716-4205**

Mailing Address
**1841 COMMERCE AVE. NORTH
ST. PETERSBURG FL 33716-4205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 201 38th Ave N Suite, Apt. #, etc.		2a. Mailing Address 26 201 38th Ave N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/22/1994	
22 City & State 23 St. Petersburg, FL Zip Country 24 33704 25 USA		27 City & State 28 St. Petersburg, FL Zip Country 29 33704 30 USA		4. FEI Number 59-3270574 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOLENDA, JOHN F 1841 COMMERCE AVE. NORTH 201 38th Ave N ST. PETERSBURG FL 33716-4205 33704				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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			1.1 TITLE			
NAME	KOLENDA, JOHN F			1.2 NAME			
STREET ADDRESS	1841 COMMERCE AVE. NORTH			1.3 STREET ADDRESS	201 38th Ave N		
CITY-ST-ZIP	ST. PETERSBURG FL 33716-4205			1.4 CITY-ST-ZIP	St. Petersburg, FL 33704		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEWART, LAURA K			2.2 NAME			
STREET ADDRESS	1841 COMMERCE AVE. NORTH			2.3 STREET ADDRESS	201 38th Ave N		
CITY-ST-ZIP	ST. PETERSBURG FL 33716-4205			2.4 CITY-ST-ZIP	St. Petersburg, FL 33704		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIES, JOHANNA A			3.2 NAME			
STREET ADDRESS	1841 COMMERCE AVE. NORTH			3.3 STREET ADDRESS	201 38th Ave N		
CITY-ST-ZIP	ST. PETERSBURG FL 33716-4205			3.4 CITY-ST-ZIP	ST. Petersburg, FL 33704		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 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: *John F. Kolenda* John F. Kolenda 4-23-98 813/898-4180

CR2E034 (10/97)