

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

**APPROVED  
AND  
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95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REMITTED BY MAY 1**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000068705 (0)**  
1. Corporation Name:  
**YOUR A TO X VIDEO OUTLET INC.**

Principal Place of Business Mailing Address  
**3325 GRIFFIN RD #295 FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified **09/19/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 **1920 Stirling Rd.** 26

4. FEI Number **65-0521180** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State  
23 **DANIA FL.** 28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 **33004** 25 **FLORIDA** 29 **33004** 30

8. This corporation has liability for intangible tax under S. 193.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SIEVERS, STEVEN  
3325 GRIFFIN RD #295  
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when mandating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEVERS, STEVEN</b>	1.2 NAME	
STREET ADDRESS	<b>3325 GRIFFIN RD #295</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33312</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 149.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 affidavit.

SIGNATURE: *Steven Sievers (PRES)* **2-11-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR