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 # **P94000072417** (6)

MANATEE VIDEOS & MORE, INC.

Principal	Place	oi b usi	ness
OLEA CYTH	AVE	AIDAI E	EACT

FILED May 02 1997 8:00am Secretary of State



rimulpai riaci	e oi busii iess	IV	vialling Address									
8150 SYTH AVE BRADENTON FI			150 57TH AVE. CIRCLE E RADENTON FL 34203-53									
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1994 05/10/1996				eport		
—	lace of Business	28	. Mailing Address				4. FEI Number			Ap	plied For	
21		26	L				65-0526135				t Applicable	
Sulte, Apt.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•		Additional quired	
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be				
23		28					Trust Fund Contribution	Added to Fees				
- Zip	Country	\vdash	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	25	29		30				Yes _			_ -	
	9. Name and Address of Curren	t Hegi:	stered Agent		81	Nene	10. Name and Address of New Reg	stered /	gent			
	ER, ALAN J				"	Name						
) 57TH AVE. CIRCLE EAST DENTON FL 34203				82	Street Ad	dress (P.O. Box Number is Not Acceptable	le)				
					83							
					84	City			85	Zip (Code	
44 Duramant	to the provisions of Continue CO7 Of Of	0 000 1	COZ 1500 Florido Cast					<u>FL</u>	$\perp \perp$			
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Flor ations o	ida. Such change was of, Section 607.0505, Fi	authorize authorize orida Sta	above atutes	e-named co / the corpor s.	rporation submits this statement for the pration's board of directors. I hereby accep	t the appo	enang pintme	nt as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ager						77 T T T T T T T T T T T T T T T T T T					
12.	OFFICERS AND			13.	eo Ago	ni signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIDEC	TOP	C IN 12	
TITLE	P	, OIIII	DELETE	111	iTi F		ADDITIONS/CHANGES TO OFFICE		Cha		Addition	
NAME	KAISER, ALAN J		- Accent		IAME					a igc	[_] Modulon	
STREET ADDRESS	3150 57TH AVE. CIRCLE EAST					ADDRESS						
CITY-ST-ZIP	BRADENTON FL			1)]Y-\$	- 1						
TITLE	SVP		DELETE	211				 	Cha	ange	Addition	
NAME	KAISER, MARY		-	2.2 1								
STREET ADDRESS	3150 57 AVE CIR E					ADDRESS						
CITY-ST-ZIP	BRADENTON FL					ST - ZIP						
TITLE			DELETE	3.1 1					Cha	ange	Addition	
NAME				3.2 N	IAME					-		
STREET ADDRESS				3.3 5	TREET	ADDRESS						
ÇITY-ST-ZIP				3.4. (CITY - S	ST-ZIP						
TITLE			☐ DELETE	4.1 T	ITLE				☐ Cha	inge	Addition	
NAME				4.2	NAME							
STREET ADDRESS				4.3 S	TREET	ADDRESS						
CITY-ST-ZIP				4.4 0	HTY-S	T- Z IP						
TITLE			DELETE	5.1 1	ITLE				Chá	ange	Addition	
NAME				5.2 N	!AME							
STREET ADDRESS				5.3 S	TREET	ADDRESS						
CITY-ST-ZIP				5.4 0	::::::::::::::::::::::::::::::::::::::	1- ZIP						
TITLE			☐ DELETE	6.11		<u> </u> -			Cha	inge	Addition	
NAME				62 N	IAME							
STREET ADDRESS				6.3 S	TREET	ADDRESS						
CITY-ST-ZIP				G.4 C	HTY-S	T-ZIP						

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 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