

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073826 (7)

1. Corporation Name
VIDEO CONCEPTS, INC.

Principal Place of Business	Mailing Address
9905 BENNINGTON DRIVE TAMPA FL 33626	9905 BENNINGTON DRIVE TAMPA FL 33626-2402

3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 07/09/1996
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3271935		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State:		City & State:		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
	25		30				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GONZALEZ, JOSE 9905 BENNINGTON DRIVE TAMPA FL 33626		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 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 reinstating) **DATE** _____

Signature: Type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this return, 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 of the return, report or on an attachment with an address.

SIGNATURE: [Signature] RECEIVED D 3-28-97 813-962-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT _____ Date _____ Name Phone # _____

CR2E034 (9/96)