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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400074000 (8)

SUPERIOR VIDEO CORPORATION

| Principal Place of Business Mailing Address | | | | | | - I ADDIADDI DIS TOLLI DIBLE COINS ODNIS DONIS COLLI AL | (B) B B 80) 8 | II BOILING |
|---|--|--|----------------------|---------------------|---------------------------------------|---|--|----------------------------|
| 10117 W. OAKLAND PARK BLVD. SUITE 396 SUINRISE FL 33351 | | 10117 W. OAKLAND PARK BLVD. SUITE 396 SUNRISE FL 33351 | | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | | | 3. Date Incorporated or Qualified 10/03/1994 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | a. Mailing Address | | | 4. FEI Number | - Ar | oplied For |
| 21 | | 26 | 26 | | | 65-0522978 | N | ot Applicable |
| Suite, Apt. #, etc. | | Suito, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | \$8.75 Fee Re | |
| City & State | 9 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | | | This corporation owes or has paid the corporate Property Tax due June 30. | Yes L | tangible No |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registere | d Agent | | |
| | GEL, DONALD T | | 6 | B1 1 | Name | | | |
| 10117 W. OAKLAND PARK BLVD. SUITE 396 | | | | 32 3 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| į su | N RISE FL 33351 | | ₹ | 33 | | | | |
| | | | 8 | 34 | City | F | L 85 Zip | Code |
| office or r | to the provisions of Sections 607.050 egi <mark>ster</mark> ed agent, or both, in the State in familiar with, and accept the oblig | : of Florida. Such change w | as authorized. | by th | named corpo ne corporati | oration submits this statement for the purpose on's board of directors. I hereby accept the a | of changing It opointment as | s registered registered |
| SIGNATURE | | | | | | | | |
| | Signature, type for printed name of regulation ag | | | Agent | eignature require | ed when reinstating) DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR Change | RS IN 12 |
| TITLE | SIEGEL, DONALD T | F-1 DEFEIR | | | | | [] Change | L] AUGILION |
| NAME SIEGEL, DUNALU I STREET ADDRESS 10117 WEST OAKLAND PARI | | K RIVD #306 | 1.2 NAV | | , nncco | | | |
| 1 1 | SUNRISE FL | · · · | | | ì | | | i |
| CITY-ST-ZIP TITLE | VP | DELETE | 1.4 CITY 2.1 TITL | | ZIP | | Change | Addition |
| NAME | \$IEGEL, HARRIET B | _ otter. | 2.7 Mil. | | ľ | | Change | L Addition |
| STREET ADDRESS | 10117 W OAKLAND PARK BI | IVD #396 | | 2.3 STREET ADDRESS | | « | | |
| | SUNRISE FL | L+D # 000 | 2.4 C(T) | | - 1 | ٠. | | |
| CITY-ST-ZIP TITLE | | DELETE | | | ZIF | | Change | Addition |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STR | | IDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CIT | | | | | |
| TITLE | DELETE | | | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAM | ME | | | i . | |
| STREET ADORESS | ! | | 4.3 STR | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4 4 CITY - S1 - Zif | | | | |
| TITLE | DELETE | | | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAW | AE | | | | |
| STREET ADDRESS | | | 5.3 STR | EET AD | DRESS | | | |
| CITY-ST-ZIP | | | 5.4 C(TY | /-S1-2 | ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITL | | | | Change | Addition |
| NAME | | | 6.2 NAM | AE . | | | | |
| STREET ADORESS | | | 6.3 STR | EET AD | ORESS | | | |

14. Thereby 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 of the c