

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

FILED  
Mar 31 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **994-78846**

1. Corporation Name

**VIDATEC ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
<b>3184 Hawks Landing Drive Tallahassee, FL 32308</b>	<b>3184 Hawks Landing Drive Tallahassee, FL 32308</b>

3. Date Incorporated or Qualified <b>10/31/1994</b>	3a. Date of Last Report <b>06/05/96</b>
4. FEI Number <b>59-3293042</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>3184 Hawks Landing Drive</b>	26 <b>3184 Hawks Landing Drive</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Tallahassee, FL</b>	28 <b>Tallahassee, FL</b>
24 <b>32308</b>	29 <b>32308</b>
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**Crowley, Kevin X.**  
**131 N. Gadsden Street**  
**Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	PD/SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROWLEY, MELINDA S.</b>	12 NAME	<b>CROWLEY, MELINDA S.</b>
STREET ADDRESS	<b>131 North Gadsden Street</b>	13 STREET ADDRESS	<b>3184 Hawks Landing Drive</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	14 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CROWLEY, KEVIN X.</b>	22 NAME	<b>CROWLEY, JAMES</b>
STREET ADDRESS	<b>131 North Gadsden Street</b>	23 STREET ADDRESS	<b>10545 Barkway Drive</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	24 CITY-ST-ZIP	<b>Glermont, FL 34711</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**600002128666**  
**-03/31/97--01098--023**  
**\*\*\*165.00**

14. 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, 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 from an appointment with an address.

SIGNATURE: Melinda Crowley 3/21/97 (904) 681-3233

CR2E034 (9/96)