

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Jul 18 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000080297 (2)

1. Corporation Name  
 HOCEVAR VIDEO, INC.



Principal Place of Business: 300 W CHAMINADE DR HOLLYWOOD FL 33021  
 Mailing Address: 300 W CHAMINADE DR HOLLYWOOD FL 33021

NO LONGER AT THIS ADDRESS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3045 S. Ponte Vedra Blvd.		26 3045 S. Ponte Vedra Blvd.		11/02/1994		03/04/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Ponte Vedra Beach, FL		28 Ponte Vedra Beach, FL		65-0542055		Not Applicable	
24 32082		25 USA		29 32082		30 USA	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOCEVAR, LOUIS 300 W CHAMINADE DR HOLLYWOOD FL 33021				81 Name HOCEVAR, LOUIS			
				82 Street Address (P.O. Box Number is Not Acceptable) 3045 S. PONTE VEDRA BLVD.			
				83			
				84 City PONTE VEDRA BEACH FL			
				85 Zip Code 32082			

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: [Signature] DATE: 7/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVPS	1.1 TITLE	PVPS
NAME	HOCEVAR, LOUIS	1.2 NAME	Hocevar, Louis
STREET ADDRESS	300 W CHAMINADE DR	1.3 STREET ADDRESS	3045 S. Ponte Vedra Blvd.
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	ST	2.1 TITLE	ST
NAME	KURPANIK, LILIANA	2.2 NAME	Kurpanik, Liliانا
STREET ADDRESS	300 W CHAMINADE DR	2.3 STREET ADDRESS	3045 S. Ponte Vedra Blvd.
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 7/14/97

CR2E034 (4/97)