

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000035605 (1)**

1. Corporation Name
AMERICAN VIDEO CENTER, INC.



Principal Place of Business: **6469 102ND AVE., NORTH PINELLAS PARK FL 34666**
Mailing Address: **6469 102ND AVE., NORTH PINELLAS PARK FL 34666**

3. Date Incorporated or Qualified: **04/27/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 6481 102nd Ave. N.**
Suite, Apt. #, etc.:
22 City & State: **23 Pinellas Park, FL**
Zip: **24 34666** Country: **25**
2a. Mailing Address: **26 6481 102nd Ave. N.**
Suite, Apt. #, etc.:
27 City & State: **28 Pinellas Park, FL**
Zip: **29 34666** Country: **30**

4. FEI Number: **59-3314691** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ANDERSON, BRUCE W
6469 102ND AVE., NORTH
PINELLAS PARK FL 34666**

10. Name and Address of New Registered Agent
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 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	Director/president <input type="checkbox"/> DELETE
NAME	Frank F. Fritzinger
STREET ADDRESS	6481 102nd Ave. N.
CITY- ST- ZIP	Pinellas Park, FL 34666 <input type="checkbox"/> DELETE
TITLE	Director/Treasurer <input type="checkbox"/> DELETE
NAME	Hans Schroth
STREET ADDRESS	6481 102nd Ave. N.
CITY- ST- ZIP	Pinellas Park, FL 34666 <input type="checkbox"/> DELETE
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Bruce W. Anderson
STREET ADDRESS	6481 102nd Ave. N.
CITY- ST- ZIP	Pinellas Park, FL 34666 <input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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: Bruce W. Anderson Date: 06 03 96 (813) 547 6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)