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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000083771 (2)

**GLOBAL VIDEO RENTALS, INC.** 

Principal Place of Business		Mailing Address		A LOUDINGS FINE GOLDE ATHER ANGLE BREEF ARTH	88/81   19/88   11/11   158/11   1886   1/81   1881
8424 JIM REDMAN PARKWAY PLANT CITY FL 33568		154 BARRINGTON DR BRANDON FL 33511-6448 US	)		
				3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report 04/25/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	Suite, Apl. #, etc.		65-0626398	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
— <sup>Zip</sup>	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	9. Name and Address of Currer	29	30	Florida Statutes  10. Name and Address of New Reg	Yes No
Mibi	MUL, SHAWN M	n neglatelea Agent	81 Name	(b), Hame and Address of New Neg	льюгой жделі
	MUL, SHAWN M 4 JIM REDMAN PARKWAY		90 0	(50.6	
PLANT CITY FL 33566			82 Street Ac	Idress (P.O. Box Number is Not Acceptab	le)
100			83		
			84 City		85 Zip Code
					FL
1-	to the provisions of Sections 607.050 egistered egent, or both, in the State m familiar with, and accept the oblig	l2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	iles, the above-named or authorized by the corpor lorida Statutes.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if aprilicable. (NO	TE: Registered Agent signature rec	puired when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PST	DELETE	1.1 TITLE		Change Addition
NAME	NÆMUL, SHAWN M		1,2 NAME		
STREET ADDRESS	2424 JIM REDMAN PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY+ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CHY+S1+ZIP 31 TITLE		Change Addition
NAME			32 NAME		C orange
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	47 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 B STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TIFLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 B STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY-ST-ZIP		Oboses Tables
TITLE		☐ DEŁETE	6.1 TITLE		☐ Change ☐ Addition
NAME Street address			6.2 NAME		
. •			6.B STREET ADDRESS		
14. I do hereb	by certify that the information supplies	d with this filing does not qual	# 6.4 City-S1-ZiP ify for the exemption stat	ed in Section 119.07(3)(i), Florida Statutes	. I further certify that the
informatio I am an of appears in	n indicated on this annual eport or s flicer or director of the configration or n Block 12 or Block 13 if flianged, o	supplemental anrulal report is the leceiver or flustee alinpor r on in atlachment with in ad	true and accurate and the wered to execute this rep dress.	hat my signature shall have the same legal port as required by Chapter 607, Florida St	effect as if made under oath; that latutes; and that my name