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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P95000097223 (8)

HOME ENTERTAINMENT CONCEPTS CORPORATION

FILED May 01 1998 8:00am Secretary of State

TONE	LINIETTAIINIVILINT CONCE	15 00111 0117					
Principal Place	e of Business	Mailing Add	ress			I INDRAGEN AND IDIQUI DIANI DENIN BERNA BERNA FORMA FORMA FIRMA NODUR NANA PROL	
4512 SOUTH	FL O RIDA AVENUE	4533 SONITT	4533 SOUTH FLORIDA AVENUE				
LAKELAND FL			LAKELAND FL 33813			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
Principal P	ace of Business	2a. Mailing A	ddress			12/15/1995 4. FEI Number Applied For	
21	ace of business	26	dui ess			59-3359952 Not Applicable	
Suite, Apt.	# etc		Suite, Ant. #, etc.			\$9.75 Additional	
22	.,, .,,	<u> </u>	27			5. Certificate of Status Desired Fee Regulated	
City & State	9		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country Zip Co		Country	,,	8. This corporation owes or has paid the currept year Intangible		
24	25 29 30		0		Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	nt Registered Age	ent		,	10. Name and Address of New Registered Agent	
HO	l de n, jeffrey k			81	Name		
453	3 SOUTH FLORIDA AVENUE			82	Street A	Address (P.O. Box Number is Not Acceptable)	
LAH	(ELAND FL 33813						
				83			
				84	City	85 Zip Code	
dd Discound	Alexander of Continue CO7 OF	00 007 1500 1	Incide Chat.dee	the observ		FL 35 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 each open the obligations of, Section 607.0505, Florida Statutes.							
agent. I a	agent. I am familiar with and according the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Slood of the state	oent and title if applicable.	FFREY			required when reinstaling) DATE	
12.		ND DIRECTORS	(10.2)	13.	an a gradue t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	 	DELETE	1.1 TITLE	··· · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAMB	HOLDEN, JEFFREY K			1.2 NAME			
STREET ADDRESS	4533 SOUTH FLORIDA AVEN	ŧUE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813			1.4 CITY - S	T - ZIP		
TITLE		L	DELETE	2.1 TITLE		Change Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				2.4 CITY-	ST-ZIP		
TITLE		L] DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME				3.2 NAME		1	
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY - 5	ST-ZIP		
FITLE		L] DELETE	4.1 TITLE		Change L Addition	
NAME				4. 2 NAME		· [
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			Topiere	4.4 CITY - S	T-ZIP		
TITLE		L	DELETE	5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET			
CITY-ST-ZIP		-	DELETE	5.4 CITY - S	T - ZIP	☐ Change ☐ Addition	
TITLE		Ļ	ש טינינונ	6.1 TITLE		Li Cuange Li Addition	
NAME				6.2 NAME	ADDDESS		
STREET ADDRESS				6.3 STREET		1	
CITY-ST-ZIP				6.4 CITY - S	1-ZIP		

14. I 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 atlactment with an address.

CICALATURE.

417-95 901100