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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P9600003280 (0)

MR. TV & VCR SERVICE CORP.

## FILED May 06 1997 8:00am Secretary of State

Principal Plac	e of <b>B</b> usines	S	Mailir	Malling Address						LLI BOHK BLIN BOI		HILL HER IS		
8318 WEST HILLSBOROUGH BLVD. DEERFIELD BEACH FL 33442				3318 WEST HILLSBOROUGH BLVD. DEERFIELD BEACH FL 33442										
								01/10	0/1996	d or Qualified		ate of Last	Repo	ort
2. Principal P	lace of Busin	1088	2a. M	2a. Mailing Address				4. FELP	19th-1	(20	DUA		Applie	od For
21			26					_/_	90 C	632	(20			pplicable
Suite, Apt.	#, etc.		<b>├</b> ¬	uite, Apt. #, etc.			1	Certi	ficate of Sta	lus Desired	0	\$8.75		
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Zip		Country		7ip Cpi				<del></del>				Adde		
24		25	29					1	da Statutes	has liability fo		⊓ax under □No	S. 18	9.032,
	9. Name	and Address of Cu						10. Name and Address of New Registered Agent						
FILIN	IGS, INC.		<b></b>		81	T	Name							
3732 N.W. 16TH STREET						-	Stroot Addre	20 (D.O. B	av Numbari	s Not Accepta	able)			
FORT LAUDERDALE FL 33311							Street Moore	135 (T.O. D	OX INDIHIDO	s Not Accept	abiej			
					63									
					84	-	City					85 Zij	o Coc	ie
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11. Pursuant office or r	to th <b>e p</b> povis	sions of Sections 607 gent, or both, in \$16.5 ith, and accept the c	.0502 and 607. Itale of Florida.	1508, Florida Statu Such change was	tes, the abov authorized b	/e- iv 1	<ul> <li>named corporation</li> </ul>	oration sub on's board	mits this sta of directors	tement for the Thereby acc	purpose o	f changing pointment a	its re	egistered listered
agent. I a	m fatriilar w	ith, and accept the c	bligations of, S	action 607 0305, F	orida Statute	s.		5.10 DOG12	5, 6,, 50,0,0	1 1	) (	<i>C</i> –		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Usu.	M / CO	nalles	pues						<u> </u>	24-1	'		
12.	Signature, typed	or printed name of registers	d agent and title if as AND DIRECTO		TE: Rogistered Ag	ent	it signature required			IGES TO OFF	DATE	DIDECT	NDG I	N 12
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CITY-ST-ZIP		FL 33063			1.4 CITY-:									
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NAME					5.2 NAME									
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14. I do hereby certify that the information supplied with this filling 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 it am an officer or director of the corporation or the receiver or trusted 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 autochimot with an address?)

6.2 NAME

6.3 STREET ADDRESS

CICHATURE.

CITY-ST-ZIP

STREET ADDRESS

NAME

Superin Vill Santan

□ DELETE

U-14-57 (0-4) 5740049

☐ Change

Addition