

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

FILED

Feb 24 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 # P96000003765 (0)

1. Corporation Name  
VIDEO GALLERY SUPERSTORE, INC.



Principal Place of Business

38203 JOHNSON POINT ROAD  
LEESBURG FL 34748

Mailing Address

38203 JOHNSON POINT ROAD  
LEESBURG FL 34748

2. Principal Place of Business

21 12858 US HWY 301  
Suite, Apt. #, etc.

2a. Mailing Address

26 12858 US HWY 301  
Suite, Apt. #, etc.

City & State

23 DADE CITY, FLORIDA

Zip Country  
24 33525 25 PASCO

City & State

28 DADE CITY, FLORIDA

Zip Country  
29 33525 30 PASCO

3. Date Incorporated or Qualified

01/11/1996

3a. Date of Last Report

4. FEI Number

59-3354775

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

THE LAW FIRM OF LAWRENCE A. SMITH & ASSOCIATES  
38203 JOHNSON POINT ROAD  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

DANIEL L. SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

12858 US HWY 301

83

84 City

DADE CITY, FLORIDA

FL

85 Zip Code  
33525

11. Pursuant to the provisions of Sections 607.05(2) 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, typed or printed name of registered agent and title if applicable

DANIEL L. SMITH, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	SMITH, DANIEL L	38203 JOHNSON POINT ROAD	LEESBURG FL 34748	<input type="checkbox"/>
STD	SANDSTROM, BRUCE R	38203 JOHNSON POINT ROAD	LEESBURG FL 34748	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		12858 US HWY 301	DADE CITY, FLORIDA 33525	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL L. SMITH, PRES. 2-14-97 (352) 521-0909

Date

Daytime Phone #

CR2E034 (9/96)