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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000007978 (5)**

1. Corporation Name
THE VIDEO SUPERSTORE, INC.



Principal Place of Business 4300 CLARCONA-OCOE ROAD SUITE 101 ORLANDO FL 32810	Mailing Address 4300 CLARCONA-OCOE ROAD SUITE 101 ORLANDO FL 32810-4113
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3. Date Incorporated or Qualified 01/25/1996	3a. Date of Last Report N/A
4. FEI Number 59-3361438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5445 Lake Howell Rd Suite, Apt. #, etc. 22 Winter Park, FL City & State 23 32792 Zip USA Country	2a. Mailing Address 26 5445 Lake Howell Rd Suite, Apt. #, etc. 27 Winter Park FL City & State 28 32792 Zip USA Country
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9. Name and Address of Current Registered Agent LEVINE, EDWARD R 4300 CLARCONA-OCOE ROAD SUITE 101 ORLANDO FL 32810	10. Name and Address of New Registered Agent 81 Name Jeffrey P. Reich 82 Street Address (P.O. Box Number is Not Acceptable) 5445 Lake Howell Rd 83 84 City Winter Park FL 85 Zip Code 32792
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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 *Jeffrey P. Reich VP* DATE **4/29/97**
Signature of person changing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward Levine Pres Sec <input type="checkbox"/> DELETE 1809 Wingfield Dr. Longwood FL 32779	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Ruth J. Rossman Dir <input type="checkbox"/> Change <input type="checkbox"/> Addition 7829 Greenbriar Pkwy Orlando FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey P. Reich VP Treas <input type="checkbox"/> DELETE 9181 Bay Hill Blvd Orlando FL 32819	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Nancy A. Rossman Dir <input type="checkbox"/> Change <input type="checkbox"/> Addition 7829 Greenbriar Pkwy Orlando FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerrold Zlatkiss Dir <input type="checkbox"/> DELETE 525 Spring Club Dr. Altamonte Springs FL 32714	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norman Rossman Dir <input type="checkbox"/> DELETE 7829 Greenbriar Pkwy Orlando FL 32819	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Markene Rossman Dir <input type="checkbox"/> DELETE 7829 Greenbriar Pkwy Orlando FL 32819	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paula Rossman Dir <input type="checkbox"/> DELETE 7829 Greenbriar Pkwy Orlando FL 32819	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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: *Jeffrey P. Reich* DATE **4/29/97** DAYTIME PHONE # **407 6780202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)