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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000020031 (6)

CLASSIC VIDEO CLUB, INC.

t.										
Principal Place	of Business	Mailing Addr	Mailing Address			I TOBATORI LIA INIM NIMI ANNI NANI	HAI <b>AR</b> ILO DIRIL		90 Etami bibi fibol	
541 EAST 9 STE HALEAH FL 330		541 EAST 0 STREET Hialeah Fl 33010-4549								
						3. Date Incorporated or Qualified 03/05/1996	<b>3a.</b> D	ale of L	ast Report	
2. Principal Pla	ice of Business	2s. Mailing A	28. Mailing Address 26			4. FEI Number 59-336386	<u>ح</u>	Applied For Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		Oity & Sta 28	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	Zip [29]				8. This corporation has liabifily for intangible tax under s. 199.032, Florida Statutes Yes 🚺 No				
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
SIRGO, HECTOR A 541 EAST 9 STREET HIALEAH FL 33010				81 82 83	Name Street Addr	ess (P.O. Box Number is Not Accept	ablo)			
				84	Crty		FL	85	Zip Code	
office or re agent. I an	o the provisions of Sections 607.0 gistered agent, or both, in the Standard with, and accept the ob-	ate of Florida. Such el	hange was autho	rized by	y the corporat	oration submits this statement for the ion's board of directors. I hereby acc	purpose o ept the ap	of chang pointine	jing its registered int as registered	
SIGNATURE S	Signature, typed or printed name of registered	agent and their applicable	(NOT Regi	stereo Age	ant signature requir	ed when reinstating)	DÁTE			
				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
DILETC				4 4 31747		Change Addition				

TITLE SIRGO, HECTOR A NAME **481 EAST 35 STREET** STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 1.4 C(1Y - S1 - Z(P DETETE Change Addition TITLE 2.1 10116 SIAGO, LINDA NAME 2.2 NAME **481 EAST 35 STREET** STREET ADDRESS 23 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELFTE Change Addition TITLE 3 1 11111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY-ST-ZIP DELFTE Change Addition 4.1 DHE TITLE NAMÉ 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - 712 CITY-ST-ZIP DELETE Change Addition 5.1.1IILE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6 1 117LE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C(1Y - S1 - Z(P

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 logal effect as if made under eath; 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:

Doct R. Sica

4/30/02

362-9/29

**FILED** 

May 14 1997 8:00am

Secretary of State