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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000031076 (8)

VID-ART PRODUCTIONS, INC.

| Principal Place of Business Mailing Address 8822 118TH PLACE N LARGO FL 33773-3511 |  |  |   |                       |   |  |
|--|--|--|---|-----------------------|---|--|
|  |  |  |   |                       | 3. Date Incorporated or Qualified 04/04/1996  | 3a. Date of Last Report  |
| 2. Principal F   | hace of Business   | 28. Mailing Addre  | ss  |                       | 4. FEI Number   | Applied For  |
| Suite, Apt   | 4 Atr  | 26   Suite, Apt. #,                                      | ote                                       |                       | <u>59-3382525</u>   | Not Applicate  \$8.75 Additional   |
| 22   | #, <b>C</b> (C)  | 27   | oto.                                      |                       | 5. Certificate of Status Desired  | Fee Required   |
| City & Stat  | <del>(</del> ;   | City & State   |   |                       | 6. Election Campaign Financing  | \$5.00 May Be  |
| 23   |  | 28   |   |                       | Trust Fund Contribution   | Added to Fees  |
| 7(p  | Country  | <b>Z</b> ⊕   | Count                                     | ry .                  | 8. This corporation has liability for   |  |
| 24   | 25<br>9. Name and Address of Cur   | 29 rent Registered Agent                                 | 30  |                       | Florida Statutes  10. Name and Address of New R   | Yes No   |
| HVD  | PING, ANDREW D   | Total Mogration Agent                                    |   | 1 Name                | 10. Italije sita Addiese of Itali i   | valetolog valet  |
|  | 2 118TH PLACE N  |  |   |                       |   |  |
| LARGO FL 34641   |  |  |   | 2 Street Add          | ress (P.O. Box Number is Not Accepta  | able)  |
| יינים  | 00 1 L 01011   |  | <u> </u>                                  | 3                     |   |  |
|  |  |  |   | 4 City                |   | 85 Zip Code  |
|  |  |  | ľ   | 4 City                |   | FL 85 Zip Code   |
| office or  | registered agent, or both, in the St<br>militar with, and accept the ob- | ate of Florida Such chang<br>digations of, Section 607.0 | ge was authorized<br>0505, Florida Statut | by the corpora<br>es. | poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors. | ept the appointment as registered  |
| 12.  |  | AND DIRECTORS  | 13.                                       | 40.104                | ADDITIONS/CHANGES TO OFF  |  |
| 1714 F   | PD   | □ D€1  | LETE 1.1 TITL                             | F                     | 710000000000000000000000000000000000000   | Change Additi  |
| NAME   | HOPPING, ANDREW D  |  | 1.2 NAN                                   | IE                    |   |  |
| \$TREET ADDRESS  | 6822 118TH PLACE N   |  | 1.3 STR                                   | ET ADDRESS            |   |  |
| CITY-ST-7IF  | LARGO FL 34641   |  |   | -ST-ZIP               |   |  |
| THEF   | ND NO MADEN H  | ☐ DEI  |   |                       |   | Change Additi  |
| NAME   | HOPPING, KAREN H<br>6822 118TH PLACE N                                   |  | 2.2 NAM                                   |                       |   |  |
| STREET ADDRESS   | LARGO FL 34841   |  |   | ET ADDRESS            |   |  |
| CHY-SI-ZIF   | EARGO FE OTOT I  | DE:  |   | Y-ST-ZIP              |   | ☐ Change ☐ Addili  |
| NAME   |  | L Di.  | 3.2 NAM                                   | 1                     |   | hand officering and in the same  |
| STREET ADDRESS   |  |  |   | ET ADDRESS            |   |  |
| C(1Y-S1-2/II)  |  |  |   | 7-\$1-ZIP             |   |  |
| Title  |  | DE   |   | <del></del>           |   | ☐ Change ☐ Addili  |
| NAME   |  |  | 4. 2 NA                                   | AE .                  |   |  |
| STREET ADORESS   |  |  | 4.3 STR                                   | EET ADDRESS           |   |  |
| C(1Y-S1-2)I/   |  |  |   | -ST-ZIP               |   | A  |
| TITLE  |  | □ D€i  |   |                       |   | Change Additi  |
| NAM!   |  |  | 5.2 NAM                                   | 1                     | •   |  |
| STREET ADDRESS   |  |  |   | EET ADDRESS           |   |  |
| CHY+ST-ZIP<br>THLE   |  | DE   |   | -ST-ZIP               |   | ☐ Change ☐ Additi  |
| NAME   |  |  | 6.2 NAN                                   |                       |   | The state of the s |
| STREET ADDRESS   |  |  |   | ET ADDRESS            |   |  |

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 plock 13 of changed, or on an attachment with an address.

SIGNATURE:

City - St - ZiP

TRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 97

(813)536-1994

**FILED** 

Apr 03 1997 8:00am

Secretary of State