


FILED

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 # P96000052823 (7)
 1. Corporation Name
COMMERCIAL LEGAL VIDEO SERVICES, INC.

Principal Place of Business 630 SW 69 TER. PEMBROKE PINES FL 33023 PINES	Mailing Address 630 SW 69 TER. PEMBROKE PINES FL 33023-1184 PINES
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES 24 Zip 33023 25 Country BROWARD	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES 29 Zip 33023 30 Country BROWARD
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9. Name and Address of Current Registered Agent SMOAK, ELIZABETH M 630 SW 69 TER. PEMBROKE PINES FL 33023 PINES	81 Name 82 Street Address 83 84 City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.
TITLE	DPST SMOAK, ELIZABETH M 630 SW 69 TER. PEMBROKE PINES FL 33023	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE PEMBROKE PINES, FL, 33023	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth M. Smoak* **ELIZABETH M. SMOAK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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