

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

FILED
May 27 1998 8:00am
Secretary of State

DOCUMENT #

1. Corporation Name

P96000052898
Apollo Video, Inc.

Principal Place of Business

Mailing Address

6428 U.S. 41 N
Apollo Beach, FL
33572

SAME

3. Date Incorporated or Qualified

6/12/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26

State, Apt. #, etc.

22. City, State, Zip

27

City, State, Zip

23. Country

28

Country

24. Zip

25

29

Zip

Country

24

25

29

Zip

Country

4. FEI Number

59-3396849

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Director Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.332, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Canterberry, Debra
768 Kingston Court
Apollo Beach, FL 33572

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85

Zip

11. By filing this report, I, the undersigned, certify that I am a resident of the State of Florida and that I am a duly qualified and authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes. I hereby accept the appointment as registered agent of the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. ☐ ADD NEW DIRECTOR
TITLE: *Pres.*
NAME: *Canterberry, Debra*
STREET ADDRESS: *768 Kingston Court*
CITY, STATE, ZIP: *Apollo Beach, FL 33572*

☐ DELETE
TITLE:
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

☐ DELETE
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CITY, STATE, ZIP:

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CITY, STATE, ZIP:

☐ DELETE
TITLE:
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

13. ☐ CHANGE ☐ ADDITION
1. NAME

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY, STATE, ZIP

2. NAME

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY, STATE, ZIP

3. NAME

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY, STATE, ZIP

4. NAME

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY, STATE, ZIP

5. NAME

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY, STATE, ZIP

6. NAME

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY, STATE, ZIP

7. NAME

7.1 NAME

7.2 STREET ADDRESS

7.3 CITY, STATE, ZIP

500002537985
-05/28/98--01010--028
****150.00*

14. I, the undersigned, certify that I am a resident of the State of Florida and that I am a duly qualified and authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes. I hereby accept the appointment as registered agent of the corporation and accept the obligations of Section 607.0505, Florida Statutes. I further certify that the information provided in this report is true and correct to the best of my knowledge and belief, and that I am not aware of any information that would cause this report to be false or misleading. I am not aware of any information that would cause this report to be false or misleading. I am not aware of any information that would cause this report to be false or misleading.

SIGNATURE:

Debra Canterbury

4-30-98

(813)645-9177

CR2E034 (9/96)