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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthary

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067200 (1)

VIDEO, VIDEO, ETC., INC.

FILED Apr 18 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			1550F 1600 1100F 0010 1000 1080
1400 SOUTHEAST SIXTH TERRACE POMPANO BEACH FL 33080		1400 SOUTHEAST SIXTH TERRACE POMPANO BEACH FL 33060-9414			
· ·				08/13/1996	Date of Last Report
———	Place of Business	2a. Mailing Address		4. FEI Number 0728642	Applied For
21 Suite, Apt.	# etc	26			
22 76 E	mcHab Rd	27 76 E M	s made Rd	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Po MPO	mo Beach FL	City & State 28 Po mpano	Beach FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3300	Country 25	29 33060	Gountry 30	8. This corporation has liability for intang Florida Statutes ☐ Yes	ible tax under s. 199.032,
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
GFO	ORGE, JOHN G ESQ.		81 Name		
A 45 AAI PHI IPLAY APPENDI LATAPPT ALITY AAA				ress (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33301	,	52 G. (60) / (60)		
			83		
5			84 City		- 85 Zip Code
			04 Oily	Ŧ	-L 65 240 COOC
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607,1508, Florida Statu of Florida, Such change was ations of, Section 607,0505, F	ites, the above-named corp authorized by the corporal lorida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE					
JOIGHATOTIL	Signature, typed or printed name of registered ago	or and title it applicable. (NC	OH - Registered Agent signature requir	red when reinstating) DAT	<u> </u>
¥12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 THLE		Change Addition
NAME	CARATOZZOLO, PHILIP		1.2 NAME		
STREET ADDRESS	1400 SOUTHEAST SIXTH TERF	RACE	1.3 STREET ADDRESS		
: CITY-\$T-ZIP	POMPANO BEACH FL 33060		1.4 CHY-S1-ZIP		
TITLE		☐ DELETE	2 1 THTLE		Change Addition
NAME	1		22 NAME		
STREET ADDRESS			23 STHEET ADDRESS		
CITY-\$T-ZIP			2 4 C 1Y-ST-Z P	A-1-1 (
TITLE	•	∭ DELET E	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - S1 - ZIP		Change Addition
١. ا		וווי סנונונ	4.1 TOLE		Change Addition
NAME OTOFFT ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - ST - 2(P 5.1 T(T)F		Change Addition
· · · · · · · · · · · · · · · · · · ·		D brifit			CHANGE CHANGING
NAME Street address			5.2 NAME	•	
4.4			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 C(TY-S) - Z(P		Change Addition
		LT Privile	61 TITLE		The regarde The Workfold
NAME CTREET ADDRESS			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	w partify that the information currelled	I with this hime deep not over	64 CHY-ST-7#	In Section 119.07(3)(i), Florida Statutes, I fur	ther earlies that the

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 receiventor trusted in movement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in maged, or our actual more with a puddress.

CIGNATURE.

CSA D

2/21/97