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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000086402 (0) DOCUMENT #

VIDEO ROM. INC.

Principal Place of Business Mailing Address 875 VANDERBILT BEACH RD 6854 MIDDLESEX PLACE NAPLES FL 34104 DO NOT WRITE IN THIS SPACE NAPLES FL 34108 3. Date Incorporated or Qualified <u> 10/18/1996</u> 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0703404 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANGHVI, KAUSHIK **6654 MIDDLESEX PLACE** Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34104 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. TITLE DS DELETE 1.1 TITLE Change Addition SANGHVI, HINA NAME 1.2 NAME **6654 MIDDLESEX PLACE** 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME SANGHVI. KAUSHIK 2.2 NAME STREET ADDRESS 6654 MIDDLESEX PLACE 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 THILE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I 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 Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SANGHU

3/20/98

**FILED** 

Mar 26 1998 8:00am

Secretary of State