

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90163 047 ***158.75

DOCUMENT # P96000094012

1. Corporation Name
VIDEO CO-OP, INC.



Principal Place of Business
4309 WEST TYSON AVE.
TAMPA FL 33611

Mailing Address
P O BOX 3363
SEMINOLE FL 33775-3363

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

59-3411876

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 1900 Hendersonville Rd Ste 1

2a. Mailing Address

26 P.O. Box 5895

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Asheville NC

City & State

28 Asheville NC

Zip Country

24 28603 25

Zip Country

29 28813 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COHN, ROY W~~
3321 HENDERSON BLVD
TAMPA FL 33609

81 Name

JACK V. Smith

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

83

8005 42nd Ave N.

84 City

ST Pete

FL

85

Zip Code

33709

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SMITH, JACK V
STREET ADDRESS P O BOX 3363 N/A
CITY-ST-ZIP SEMINOLE FL 34642

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME FOSTER, BEN T
STREET ADDRESS 2513 LAKE ELLEN CIR
CITY-ST-ZIP TAMPA FL 33618

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME CARTER, JESSE M
STREET ADDRESS 910 S ROME AVE
CITY-ST-ZIP TAMPA FL 33606

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK V. Smith 4/30/99 800-749-4537

Date

Daytime Phone #

CR2E034 (11/98)