## 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

DOCUMENT #

Principal Place of Business

P96000099131 (0)

SGT. VIDEO, INC.

Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State



1013 SOUTH HIAWASSEE ROAD. SUITE 3617 ORLANDO FL 32835-1890			1013 SOUTH HIAWASSEE ROAD. SUITE 3617 ORLANDO FL 32835-1890						DO NOT	UDITE IN T		D405	
							-	3. Date Incorp	orated or Qua	WRITE IN T	HIS SI	AGE	
9 Principal Pl	lace of Business		2a. Mailing Address			<del></del>		4. FEI Numbe		<del></del>		T TA	pplied For
21 6192 RALEIGH STREET			26 6192 RALEIGH STREET					59-34					ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.										Additional
22 SUITE 303			27 SUITE 303					5. Certificate				Fee R	equired
City & State			City & State				6. Election Ca Trust Fund	mpaign Financ Contribution	ing			May Be to Fees	
Zip 24] <b>3</b> 2835	Country 25	Zip 29 32835					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
9. Name and Address of Current Registered Agent							1	IO. Name and	Address of N	ew Registe	red A	gent	
CC	DMPANY AGENT, INC	,			81	Name							
111 <b>\$OUTHWEST FIFTH AVENUE</b> WARNER PLACE - SUITE 200					82	Street	Address	Address (P.O. Box Number is Not Acceptable)					
	AM# FL 33130-1381			83			****				<del></del>		
					84	City		_	<del> </del>		FL	<b>85</b> Zip	Code
office or re	egistered agent, or both	, in the State of I	nd 607.1508, Florida Stat Florida. Such change wans of, Section 607.0505,	s authoriz	ed by	the cor	corpora poration	ition submits the	is statement fo ctors. I hereby	r the purpo	se of	changing i	its registered s registered
SIGNATURE			<u></u>										,
	Signature, lysied or printed name					nt signature	w benicper e	hen reinstaling)	a		ATE	DIDECTO	20 11 10
12.		FFICERS AND D	DELETE	13			т	ADDITIONS/	CHANGES TO	OFFICERS		Change	Addition
TITLE	PT DATE	147	["] DEFERE		TITLE						,	Ullange	
NAME	CHEUNG, DAVID				NAME					. به سب	•		
STREET ADDRESS	1013 S HIAWASS	EE NU 3617				ADDRESS	6/9	2 RALEI	GH STRE	E7 30	•		
CITY-ST-ZIP	ORLANDO FL		Porter		CITY-S	T-ZIP			<del></del>			Change	☐ Addition
TITLE	VS	51/	☐ DELETE	1	TITLE						,	triange	Addition
NAME	TEITELBAUM, JAC				NAME								
STREET ADDRESS	2404 ECON CIRC	LE 159				ADDRESS					·		ľ
CITY-ST-ZIP	ORLANDO FL		Dougas		CITY-S	ST - ZIP	ļ				`,	Change	Addition
TITLE			DELETE		TITLE						•	change	Addition
NAME					NAME								
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP			Dec Per		CITY-	ST - ZIP	<b>↓</b>					Charte	Addison
TITLE			☐ DELETE		TITLE							Change	Addition
NAME				4. 2	NAME		ļ						
STREET ADDRESS						ADDRESS	į						
CITY-ST-ZIP			D. D. Harr		CITY - S	T-ZIP						<u> </u>	T (delika)
TITLE			☐ DELETE	5.1	TITLE		ł				;	Change	Addition
NAME				5.2	NAME		1						
STREET ADDRESS				5.3	STREET	ADDRESS							-
CITY-ST-ZIP				5.4	CITY - S	1-ZIP	ļ						
TITLE			DELETE	6.1	TITLE		1					Change	Addition
NAME	i.			6.2	NAME								}
STREET ADDRESS				6.3	STREET	ADDRESS							
CITY-ST-ZIP				6.4	CITY - S	T - Z(P	<u></u>						

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.

4/24/98