

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

FILED
Feb 02 1998 8:00 am
Secretary of State

DOCUMENT # P97000038514 (0)

1. Corporation Name

SUPERSTAR VIDEO OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

1819 MAIN ST., STE. 810
SARASOTA FL 34236

1819 MAIN ST., STE. 810
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

65-0762184

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

2. Principal Place of Business

21 1200 Welsh Road

Suite, Apt. #, etc.

22

City & State

23 North Wales, PA

Zip

24 19454

Country

2a. Mailing Address

26 1200 Welsh Road

Suite, Apt. #, etc.

27

City & State

28 North Wales, PA

Zip

29 19454

Country

30

9. Name and Address of Current Registered Agent

NORTON, SAM D
1819 MAIN ST., STE. 810
SARASOTA FL 34236

Superstar Video
1415 East Oak Street
Arcadia, FL 34266
(941) 993-0074

81 Name

Edward D. Gorkes

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

610 Superstar Video

83

1200 Welsh Road

84

City North Wales, PA

85 Zip Code

19454

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

1-26-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GORKES, EDWARD D
STREET ADDRESS 1200 WELSH RD. (A-5)
CITY-ST-ZIP NORTH WALES PA 19454-3771

TITLE D ☒ DELETE

NAME GORKES, LINDA K
STREET ADDRESS 1200 WELSH RD. (A-5)
CITY-ST-ZIP NORTH WALES PA 19454-3771

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

Edward D. Gorkes

1-26-98 (215) 368-9907

CR2E034 (10/97)