

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


FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90058 044 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000076767</b>					
1. Corporation Name <b>GENERAL VIDEO, INC.</b>					
Principal Place of Business <b>4591 BEE RIDGE RD SARASOTA FL 34233</b>			Mailing Address <b>4591 BEE RIDGE RD SARASOTA FL 34233</b>		
2. Principal Place of Business					
21. Suite, Apt. #, etc.			2a. Mailing Address		
22. City & State			27. City & State		
23. Zip			28. Zip		
24. Country			29. Country		
9. Name and Address of Current Registered Agent <b>CASWELL &amp; HARRIS, P.A. 1215 N PALM AVE SARASOTA FL 34236</b>					
10. Name and Address of New Registered Agent					
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83. City					
84. 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. 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					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
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4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED

1-5-99

941-377-6469

Date

Daytime Phone #

CR2E034 (1/98)