FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 S22316 DOCUMENT #

1. Corporation Name

(1)

-VIDEO QUIKLAB OF SOUTH FLORIDA, INC.,

14 41 1 15



Quiklab 1	Multimedia	centers, una.	12.4.95		i Biji Bigil Bigil Bigil Gigil Gigil Bigil ical
Principal Place of Busin		Mailing Address		7	
2121 W OAKLAND P		2121 W OAKLAND PARK BLY	/D		
FT LAUDERDALE FL 33311		FT LAUDERDALE FL 33311		3. Date Incorporated or Qualified	3a. Date of Last Report
				01/02/1991	07/11/1995
10		2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of B	usiness	26		65-0239031	Not Applicable
Suite, Apt. #, etc.	<u>. </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27		5 Start - Composing Engaging	\$5.00 May Be
City & State		Oity & State		Election Campaign Financing Trust Fund Contribution	Added to Fees
3		70	Country	B. This corporation has liability for	intangible tax under s. 199.032,
Zip	Country	Zip 30	000,	Florida Statutes 🔼 Yes	☐ No
94 N	25 lame and Address of Curr	= -		10. Name and Address of New F	legistered Agent
3.			81 Name	David BAWARSKy	
BAWARSKY, I	HARRIETTE		82 Street Add	ress (P.O. Box Number is Not Acarplat	P. O. O. Case
2121 W OAKI	LAND PARK BLVD STE	3		191 M. Oakland lan	THE BLOCK STEE
FT. LAUDERD	ALE FL 33311		83		
			84 City	Tabl 1 1/2	FL 85 Zio Code 33311
-				ord Course the statement for the Di	of abancing its registered office.
11. Pursuant to the p	provisions of Sections 607.05	i02 and 607.1508, Florida Statutes, the	e atiove named corpo r the corporation's boa	ration submits this statement for the pured of directors. I hereby accept the appropriate the submitted for the submitte	pointment as registered agent. I am
or registered age familiar w ith, and	ent, or both, in the State of Fi Laccept the obligations of, S	action 607.0505, Florida Statutes			1 (
SIGNATURE 1	Dairy Bowars	lu	gebood Agent signature month	of seem on statems	4/10/96
Signature		portand object application (NOTE RO AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	UFFIGERS	DELETE	1 TITLE		Change Addition
	AWARSKY, DAVID	_	1.2 NAME		
OLOL W. OAKLAND PARK RI		BLVD.	1.3 STREET ADDRESS		
	T. LAUDERDALE FL		1.4 CITY - ST - ZIP		Change Addition
CITY - ST - ZIP TITLE	1. 0100010722	DELFTE	2 1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DEFELF	3 1 MTLE		□ o tange □ tana
NAME			32 NAMÉ		
STREET ADDRESS			33 STREET ADDRESS		
CiTY+ST-ZiP			3 4 CHY-ST-ZIP		Change Addition
TITLE		DELETE	4 1 TiffLE		-
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	4.4 C-TY - ST - ZIP 5.1 TiTLE		Change Addition
TITLE		E pace it	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			54 CITY SI-ZIP		
CITY-ST-ZIP		☐ DELE1E	6 1 TITLE ,	900017 -04/18/960 ***200.00	Change Addition
TITLE		<u> </u>	6.2 NAME	-04/18/960	1011006 24.11
NAME			6 3 STREET ADDRESS	***588 BU	- u.
STREET ADORESS			6.4 CITY - \$1 - ZIP		
City-St-7iP				Lastha avagation stated in Section 1	19 07/3/k), Florida Statutes, I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 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 certify that the information indicated on this annual report 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:

SIGNATURE:

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