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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Same the way plant

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$50599

(7)

VIDEO DEPOSITIONS OF FLORIDA, INC.

**FILED** Feb 21 1997 8:00am Secretary of State

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Principal Place 1402 EAST (OSSTE. 207 FT LAUDERDAL  2. Principal Place 21 Suite, Apt. 4	E FL 33301 ace of Business	Mailing Address 1402 EAST LOS OLAS STE. 207 FT LAUDERDALE FL 33  2e. Mailing Address 26 Suite, Apt. #, etc. 27			<ul> <li>3. Date Incorporated or Qualified 05/03/1991</li> <li>4. FEI Number 65-0261459</li> <li>5. Certificate of Status Desired</li> </ul>	3a. Date of Last Report 05/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	·····	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25	29	30	:	Florida Statutes	Yes No
27	9. Name and Address of Curren				10. Name and Address of New Re	- <del></del>
400- FT t	NENBAUM, BRETT J. <del>NW 13TH AVE:-</del> <del>AUDERDALE FL 33</del> 901	;	81 62 83 84	140 2 STE 2 City FT. 1	ess (P.O. Box Number is Not Acceptate B. CAS OCAS BLUD BO7 LAUSSAMB, FL	FL 85 Zip Code
office or re	o the provisions of Sections 607.050 egistered agont, or both, in the State n familiar with, and accept the obligi	of Florida. Such change wa	is authorized by :	named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
SIGNATURE.	Signature typed or printed name of registered age	ent and title If applicable. (N	VOTE: Registered Agen	l signature require		DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
NAME STREET ADDRESS CITY-ST-ZIP	TANNENBAUM, BRETT 400 NE 14TH AVE FT LAUDERDALE FL 99901-	☐ DELETE	1.1 TOLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST		402 E. LAS OUS BU T LANDBRONCE, Fr 33	Change Addition    Change   Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>	2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-SI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET A 3.4. CITY - ST			: Change Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET / 4.4 CITY-ST			☐ Change ☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET / 6.4 CITY-ST	ADORESS		☐ Change ☐ Addition

14. I do 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 corps agon 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 of Block 13 if Kapter or an attachment with an address. THOUGHD

SIGNATURE:

427 201-2209