## 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

, · · · · · · · · · · · · · · · · · · ·	MENT # S92369 ICED VIDEO SYSTEMS, INC	` '				
Principal Place of Business 7081 GRAND NATIONAL DR SUITE 1076 ORLANDO FL 32819 US		Mailing Address 7061 GRAND NATIONAL DR SUITE 1076 ORLANDO FL 32819			DO NOT WRITE IN THIS S	•
		US US			3. Date Incorporated or Qualified	
- A				<del></del>	11/06/1991	
2. Principal M	lace of Business	2a. Mailing Address			4. FEI Number 65-0298135	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del> </del>			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	Cily & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
<b>23</b> Zip	Country	<b>28</b>	1 00	untry	Trust Fund Contribution	Added to Fees
24 Zip	25	29	30	אווע.	R. This corporation owes or has paid the curr     Personal Property Tax due June 30.	rent year Intangible
	9. Name and Address of Curren				10, Name and Address of New Registered A	
BALLETTA, JAMES 215 N. EOLA DRIVE ORLANDO FL 32802				<ul><li>81 Name</li><li>82 Street Add</li><li>83</li><li>84 City</li></ul>	dress (P.O. Box Number is Not Acceptable)	<b>85</b> Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, filorida 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 portled halite of registered agent and tate of applicable (NOTE: Registered Agent signature required whom reinstating)  DATE						
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	DELETE				Change Addition
NAME OTOTAL ADDRESS	CICOTTI, BRIAN C "7 -7-01-GRAND NATIONAL DR:	7111GRADNATL <del>#1070-</del> #1				
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32819	#1010 - +1/		TREET ADDRESS OTY-ST-ZIP		
TITLE	OHDWING TE POOL	DELETE				☐ Change ☐ Addition
NAME			22 N			
STREET ADDRESS			2.3 \$	TREET ADDRESS		ļ
CITY-ST-ZIP			2.40	CITY - ST - 7IP		
TITLE		☐ DELETE	3.1 T	ITLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS		
CITY-ST-ZIP	<del></del>	LINCIETE		CHY-ST-ZIP		Change   Addition
TITLE		L_] DELETE				Change Addition
NAME STREET ADDRESS			4 21	1		
CITY-ST-ZIP				TREET ADDRESS		
TITLE		DELETE				Change Addition
NAME			5.2 N	1		
STREET ADDRESS				TREET ADDRESS		
CITY - ST - ZiP				ITY-ST-ZIP		
titie		DELETE				Change Addition

14. Thereby 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

62 NAME

CIGNATURE.

NAME

STREET ADDRESS

3 Solo BRIAN CICOTT

4-30-98

248-2255

**FILED** 

May 20 1998 8:00am

Secretary of State