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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16373

(5)

HOME STEREO & VIDEO HELP, INC.

Principal Place of Business Mailing Address 886 E. CHARING CROSS CIRCLE 886 E. CHARING CROSS CIRCLE LAKE MARY FL 32746 LAKE MARY FL 32746-3777 3a. Date of Last Report 3. Date Incorporated or Qualified 02/21/1992 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3111275 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zio Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MORGAN, ARTHUR 886 E. CHARING CROSS CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 84 City 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, typics or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 1.1 TITLE __ Change ■ Addition THLE MORGAN, ARTHUR 1.2 NAME NAM: 886 E. CHARING CROSS CIR STREET ADDRESS 13 STREET ADDRESS LAKE MARY FL CITY - S1 - ZIF 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY SI-715 3.4. CITY - ST - ZIP DELETE Change Addition THEF 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS City - ST- 2iP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - Zil-TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with Turn 4-16

407-321-9795

FILED

Apr 21 1997 8:00am

Secretary of State

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