**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90264 037 \*\*\*150.00

## **DOCUMENT # V16373**

HOME S	TEREO & VIDEO HELP, INC	s.							
Principal Place	e of Business	Mailing Address				1 10011 211001 11010 41100 11111 10001	. 1511 \$1\$45 \$1\$11 \$	1011 61011 84	
886 E. CHARING LAKE MARY FL	3 CROSS CIRCLE 32746	886 E. CHARING CROSS CIRCLE LAKE MARY FL 32746			DO NOT WRITE	EIN THIS SP	ACE		
}						3. Date Incorporated or Qualifed 02/21/1992			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For	
21		26				59-3111275			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29 30	Cour	ntry		This corporation owes the currer Personal Property Tax.			□No
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Age	ent	
MORGAN, ARTHUR 886 E. CHARING CROSS CIRCLE LAKE MARY FL 32746			ļ	82 S		ress (P.O. Box Number is Not Acceptab	·	35 Zip C	Code
				84 C	ty		FL	35   Zip C	>ode
office or r agent. I a	to the provisions of Sections 607.0503 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orizea	by the	med corp corporation	poration submits this statement for the pon's board of directors. I hereby accept	urpose of cha	nging its ent as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered	Agent sign	ature require	d when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFI	CERS AND [	JIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TAILE					] Change	Addition
NAME	MORGAN, ARTHUR	•	1.2 NAME		Ì				
STREET ADDRESS 886 E. CHARING CROSS CIR 1.3			1.3 STI	REET ADC	RESS				
CITY-ST-ZIP LAKE MARY FL			1.4 CITY-ST-ZIP						
TITLE		☐ DELETE	2.1 TIT	LE				] Change	Addition

RS IN 12 Addition Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034.(11/98)

i i

1