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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V18411 (1) 1. Corporation Name POWER VIDEO, INC.					
Principal Place	of Business	Mailing Address			albii alaia 6 1 811 bioli airit alaii 1081
% 1851 PALM BAY ROAD, N.E. SUITE 1 PALM BAY FL 32905		2400 N. FORSYTH RD.			
			202 ORLANDO FL 32807-8445		
		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		02/27/1992 4. FEI Number	03/25/1996 Applied For
1		26		59-3108515	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
3	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for	
4	25	29	30		Yes No
	9. Name and Address of Cu	irrent Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
Burris, Gregory F. 2400 N Forsyth RD Suite 202			82 Street Add	Arona (D.O. Day Number in Not Assentate	No.
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ANDO FL 32807		83		-
			84 City		85 Zip Code
44 0	15 the man in the Contract Con	OEOO and COT 1EOO Elevido Ctot	utas the shave period cor	repression submits this statement for the	FL Description of changing its registered
all. aa ar r		Nato of Elorida, Quah ahayaa war	a authorized by the corners	ation's board of directors. I berefy acce	nt the appointment as registered
agent. Lai SiGNATURE	egistered agent, or both, in the S m familiar with, and accept the o	obligations of, Section 607.0505, I	s authorized by the corpora Florida Statules. OTE Registered Agent signature requ		DATE
agent. I al SIGNATURE 12.	m familiar with, and accept the o Signature, typed or publied name of registers OFFICERS	ed agent and title if applicable (NCS AND DIRECTORS	Florida Statules. OT: Registered Agent signature requ		DATE CERS AND DIRECTORS IN 12
agent. La: SIGNATURE 12. TIILE	m familiar with, and accept the o Signature, typed or punted name of registers OFFICERS	ed agent and title if applicable (NO	OTE Registered Agent signature request 13.	ured when re-instating)	DATE
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