FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33014** **(4)**

1. Current Name

GENERAL VIDEO, INC.

Principal Place of Business	Mailing Address
523 DOUGLAS AVENUE SUITE 103 ALTAMONTE SPRINGS FL 32714 US	1624 FORSYTH ROAD STE. 1726 ORLANDO FL 32807 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **59-3125317** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) (29) County (25) (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VU, HONG MAI
1624 FORSYTH ROAD
STE. 1726
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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 (of New Registered Agent, if changing) (Date) (of Registered Agent of record, if not changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
60	P	11	☐ Change ☐ Addition
NAME	VU, HONG MAI	12 NAME	
STREET ADDRESS	1624 FORSYTH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
60	S	21	☐ Change ☐ Addition
NAME	VU, HAN MAI	22 NAME	
STREET ADDRESS	605 DOUGLAS AVE, STE. 161	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	24 CITY-ST-ZIP	
60		31	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
60		41	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
60		51	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
60		61	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: [signature] HONG MAI VU 11/29/95 788-7032

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR (Date) (Telephone #)

0097000 CP

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TALLAHASSEE, FLORIDA

DOCUMENT # V33683 (6)

1. Corporate Name

CONTINENTAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
MARINER PLAZA 226A EGLIN PARKWAY NE FT WALTON BEACH FL 32547	MARINER PLAZA 226A EGLIN PARKWAY NE FT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1992

3a. Date of Last Report: 05/01/1994

2. Principal Office Address — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-3120888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JANCZEWSKI, JANUSZ R
MARINER PLAZA
226A EGLIN PARKWAY NE
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	P	01 TITLE	☐ Change ☐ Addition
02 NAME	JANCZEWSKI, JANUSZ R	02 NAME	
03 STREET ADDRESS	588 MOONEY ROAD	03 STREET ADDRESS	
04 CITY, ST, ZIP	FT. WALTON BEACH FL	04 CITY, ST, ZIP	
05 TITLE		05 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY, ST, ZIP		08 CITY, ST, ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY, ST, ZIP		12 CITY, ST, ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	

14. To the best of my knowledge, that the information supplied with the blanks is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 with an indication of any change(s).

SIGNATURE: _____ 4/28/95 (904) 863-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

03A8122 CP