

5-12-98 7163 -C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004413 (9)**  
 1. Corporation Name  
**ON SCREEN VIDEO ENTERPRISES, INC.**



Principal Place of Business <b>840 MONTGOMERY AVE #202 BRYN MAWR PA 19010</b>	Mailing Address <b>9549 BAYCLIFF COURT ORLANDO FL 32836 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/11/1995</b>		4. FEI Number <b>23-2777369</b>		Applied For <input type="checkbox"/>
2. Principal Place of Business		2a. Mailing Address		Not Applicable <input type="checkbox"/>
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
23	24	28	29	
Zip	Country	Zip	Country	
25	29	30		

**9. Name and Address of Current Registered Agent**

**VAN SCIVER, CAROLYN L**  
**9549 BAYCLIFF CT**  
**ORLANDO FL 32836**

**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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>VAN SCIVER, CAROLYN L</b>	
STREET ADDRESS	<b>9549 BAYCLIFF COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>SCIVER, JOSEPH B. VAN III</b>	
STREET ADDRESS	<b>195 BETHLEHEM PIKE</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19118</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SAME</b>
1.3 STREET ADDRESS	<b>CAROLYN L. VAN SCIVER ARMSTRONG</b>
1.4 CITY-ST-ZIP	<b>SAME</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Carolyn L. Van Sciver Armstrong* 4/28/98 407 876-5344

CR2E036(10/97)