

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

18 APR 29 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # G09264 (4)
1. Corporation Name
VIDEO AID CORPORATION OF FLORIDA

Principal Place of Business: 5400 GRAY ST, TAMPA FL 33609, US
Mailing Address: FOWLER, WHITE ET AL, PO BOX 1438, TAMPA FL 33602, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1982

4. FEI Number: 59-2247648

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: YON, DAVID, 215 S MONROE ST., SUITE 400, TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent: J. Bob Humphries, 501 E. Kennedy Blvd., #1700, Tampa, FL 33602

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] DATE: 4/28/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUCKER, JAMES R	
STREET ADDRESS	9 PARK PLACE	
CITY-ST-ZIP	CHESTER NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TUCKER, JOAN	
STREET ADDRESS	9 PARK PLACE	
CITY-ST-ZIP	CHESTER NY	
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	800002511508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	-05/05/98--01113--003	
1.3 STREET ADDRESS	****150.00 ****150.00	
1.4 CITY-ST-ZIP		
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: James R. Tucker, President DATE: 3/31/98 (914) 692-3333

CR2E034 (10/97)

4-29-98