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

CITY ST ZIP

Block 12 or Block 13 if changed, or on an attachment with an address

**PROFIT** Apr 30 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F65668 (8)VICTORIA EQUITIES, INC. Principal Place of Business Mailing Address 912 N HIGHLAND AVE./ 32803 912 N HIGHLAND AVE./ 32903 P.O. BOX 1911 P.O. BOX 1911 DO NOT WRITE IN THIS SPACE ORLANDO FL 32802 ORLANDO FL 32802 3. Date Incorporated or Qualified 02/03/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2159823 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RICH, A. WAYNE 912 N HIGHLAND AVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 64 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when remstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE RICH, A WAYNE NAME 1.2 NAME CR2E034 912 N HIGHLAND AVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, FL 00000 CITY - ST - ZIP 14 CITY-ST-ZIP DELETE Addition TITLE 21 1000 2 2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELFTE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST - 7IP ☐ DELETE TITLE 5.1 THILE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/22)98

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