

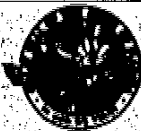
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
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**95 MAY -1 PM 12:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N94000004211 (8)**

1. Corporation Name  
**VICTORY OVER ADDICTION INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**5370 MERION WAY STUART FL 34997**      **5370 MERION WAY STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/23/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0534088</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**MACDOWELL, WILLIAM  
5370 MERION WAY  
STUART FL 34997**

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 WILLIAM MACDOWELL *William McDowell* 5/12/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ELIZABETH T. MACDOWELL</b> D	1.2 NAME	1.2 NAME	
STREET ADDRESS <b>5370 MERION WAY</b>	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART, FLORIDA 34997</b>	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIAM MACDOWELL</b> D	2.2 NAME	2.2 NAME	
STREET ADDRESS <b>5370 MERION WAY</b>	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FLORIDA 34997</b>	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THERESA CAPUTO</b> D	3.2 NAME	3.2 NAME	
STREET ADDRESS <b>7423 SE. JAMESTOWN TRK</b>	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOBBSOUND FL. 33455</b>	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILLIAM MACDOWELL *William McDowell* 5/12/95 (907) 220-9928  
Signature and typed or printed name of signing officer or director Date Daytime Phone #