03-04-1999 90086 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000068040**

1. Corporation Name

VICTAL OUALITY COMPANY

VISUAL	QUALITI COMPANI						
Principal Place	e of Business	Mailing Address			I (BOLLHOLI 1516 IN SELL MOULT BUTTI DOLLE DOLE	2 WIED 14111 4	18:11 8:8:1 08:1 1081
4040 QUENITA DRIVE 4040 QUENITA DRIVE							
WINTER PARK FL 32792 WINTER PARK FL 32792						0.004.05	
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					08/31/1995		1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	\vdash	Applied For
21		26			59-3334986		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
22		27			2112		
City & Stat	e	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year li		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered	1 Agent	
	KINS, RICHARD E			81 Name			
			82 Street Addr	dress (P.O. Box Number is Not Acceptable)			
4040 QUENITA DRIVE							
WIN.	TER PARK FL 32792			83			
				84 City	_ Lice 9-y-	. 85	Zip Code
				84 City	F!	L °° .	L.p 0000
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, i	-Ionaa Statt	Agent signature require			
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TIT	TE		Char	nge
NAME	DAWKINS, RICHARD E		1.2 NA	ME			
STREET ADDRESS	4040 QUENITA DR.		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32792		1 4 CF	ry-ST-ZiP			
TITLE	S	☐ DELETE	2.1 TI	le		Char	nge 🗌 Addition
NAME	DAWKINS, CLARA P		2.2 NA	ME			
STREET ADDRESS	AND DUENUEA DE		2.3 ST	REET ADDRESS			
	WINTER PARK FL 32792			TY-ST-ZIP	والأراء المدادات الواويطين عف معالجة المعاملية عبائن يتميد للطاع المراجعين أأدب	٠	× ·
CITY-ST-ZIP TITLE	THITILITIALIA IL JEIJE	DELETE	3.1 TF			☐ Char	nge Addition
		_ ===	3.2 NA				
NAME			l l	REET ADDRESS			
STREET ADDRESS				TY-ST-ZIP			
CITY-ST-ZIP		□ DELETE	4.1 TI			☐ Cha	nge Addition
TITLE			4. 2 N	1		-	- -
NAME			1	REET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CI	TY-ST-ZIP		Cha	nge Addition
TITLE			5.1 II 5.2 N/				
NAME				REET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			5.4 CF	TY-ST-ZIP	3.4	☐ Chai	nge Addition
T)T) C	1	□ DELETE	■ 0 i II	LE I		i i Cila	inge Laddinghi

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 prop an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP