OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. ROUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

T ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

6.2 NAME 6.3 STREET ADDRESS

FILED Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90012 026 ***550.00

OCUMENT # P9700067562 /ICTORY PROMOTIONS, INC.									
								0.70// - 500.22 20	
MORNING GLORY CIRCLE E FL 33328 MORNING GLORY CIRCLE DAVIE FL 33328						•		DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 08/04/1997	
rincipal Place of Business				2a. Mailing Address				4. FEI Number Applied For Not Applicable	
uite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
ity & State				ity & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
ip	Country Zip			p	Country 30			8. This corporation owes the current year Intangible Personal Property.	
9. Name and Address of Current R								10. Name and Address of New Registered Agent	
DEPACE, GERALD P 117 LAKE EMERALD DR.						81 Name 82 Street Addre		dress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33309					}	83			
						84	City	FL 85 Zip Code	
office or	registered as	sions of sections 607.050 gent, or both, in the Stat- vith, and accept the oblig	e of Florida.	Such change was a	uthonzed	l bv	the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
NATURE								equired when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS						80 A	Jeni sagnature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D D			DELETE		13. 1.1 TITLE		Change Addition	
l	STOCK, STEVEN E					1.2 NAME		·	
ADDRESS 2865 MORNING GLORY CIRCLE			LE	1.3 ST			ADDRESS		
T-ZIP	DAVIE FL 33328 1.					1.4 CITY-ST-ZIP			
	DELETE 2.1 TI		2.1 TIT	2.1 TITLE		Change Addition			
					2.2 NAME		4BBB500		
tadoress T-ZIP					2.4 CITY-S		ADORESS	i	
1-211				DELETE	3.1 TIT			Change Addition	
					3.2 NAW				
T ADDRESS	ļ				3.3 STF	REET	ADDRESS	•	
T-ZIP					_	3.4 CITY-ST-ZIP			
				DELETE				Change Addition	
					4.2 NA		*DDDCCC		
TADDRESS		.			ı	TREET ADDRESS			
T-ZiP				DELETE	5.1 TIT		ELF.	Change Addition	
					5.2 NA				
i				5.3 STF	REET	ADDRESS			
T-ZIP					5.4 CIT	Y-ST-	ZIP		
				DELETE	6.1 TIT	LE		Change Addition	

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 dicated 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 n 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 a Block 12 or Block 13 if chapted, or on an attachment with an address.

SNATURE: