

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 18 PM 5:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morman Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 295027 (7)		
1. Corporation Name VICTORIUM CORPORATION		

Principal Place of Business 1241 BISCAYNE BLVD. PO BOX 3539 DELAND FL 32724	Mailing Address 1241 BISCAYNE BLVD. PO BOX 3539 DELAND FL 32724
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1241 Biscayne Blvd.	2a. Mailing Address 26 1241 Biscayne Blvd.	3. Date Incorporated or Qualified 07/20/1965	3a. Date of Last Report 05/01/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1100198	Applied For ☐ Not Applicable
23 City & State DeLand, FL	28 City & State DeLand, FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24 Zip 32724	25 County Volusia	29 Zip 32724	30 County Volusia

9. Name and Address of Current Registered Agent COOK, R PAUL 1241 BISCAYNE BLVD. DELAND FL 32720	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 32724
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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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME COOK, R PAUL	1.1 TITLE PD	1.2 NAME COOK, R PAUL
STREET ADDRESS 1241 BISCAYNE BLVD		1.3 STREET ADDRESS 1241 BISCAYNE BLVD	
CITY, ST, ZIP DELAND FL		1.4 CITY, ST, ZIP DELAND, FL 32724	
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 119.07(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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Paul Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 904-734-6800
Date Signature