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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719722

1. Corporation Name

THE VICTORIAN CONDOMINIUM APARTMENTS, INC.

Principal Place of Business	Mailing Address
2401 PARK AVE. APT. 2 RIVIERA BEACH FL 33404	2401 PARK AVE. APT. 2 RIVIERA BEACH FL 33404

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/20/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALT, ALFRED S. 2401 PARK AVE, APT 2 RIVIERA BEACH FL 33404	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEAL, CHARLES S		1.2 NAME		
STREET ADDRESS	SALEM RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON, N J		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOCKHART, DR. GORDON N		2.2 NAME		
STREET ADDRESS	RT 70 & HAYNES CR LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, N J		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MALT, ALFRED		3.2 NAME		
STREET ADDRESS	2401 PARK AVE, APT. 2		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HEAL, MARTHA		4. 2 NAME		
STREET ADDRESS	SALEM RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON, MJ		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	BOONE, GEORGIA		5.2 NAME	RALPH GIZICKOW	
STREET ADDRESS	297&POAGE FARM RD.		5.3 STREET ADDRESS	2401 PARK AVE. APT. #1	
CITY-ST-ZIP	CINN OH		5.4 CITY-ST-ZIP	RIVIERA BEACH, FL. 33404-4712	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED S. MALT 4/23/99 561-848-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)