## 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

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90072 040 \*\*\*158.75

i. Corporation	MENT # 855215 TORY TELEVISION INC.	<b>;</b>					
Principal Place of Business Mailing Address					4 188501 19101 01191 91110 11001 11001 0111 01851 0	IUII EIEII EIEII U	1811 81811 1881
290 LLYWD'S L	ANE	290 LLYWO'S LANE					
VERO BEACH FL 32963 VERO BEACH FL 32963					DO NOT WRITE IN THIS	SDACE	
					3. Date Incorporated or Qualifed	3FACE	
					01/13/1983		
2 Bringing D	acc of Rusiness	2a. Mailing Address			4. FEI Number	T Apr	plied For
2. Principal Place of Business 2a. Mailing Address 2b					11-2301047	<u> </u>	Applicable
		Suite, Apt. #, etc.				\$8.75 A	dditional
22	27			5. Certificate of Status Desired	·- Fee Re	quired	
City & State	e	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees		
Zip	Country 25	Zip 29 30	Countr	у	This corporation owes the current year Int     Personal Property Tax.		⊠No
24	9. Name and Address of Curre		<u>-                                    </u>		10. Name and Address of New Registered	Agent	
	In	g g	8	1 Name			
GARRIS, CHARLES E.			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
817 BEACHLAND BLVD			"	Z Sueer Add			
VER	O BEACH FL 32963		8:	3	•		
			8	4 City		85 Zip C	ode
				1 7	F <u>\</u>	• i l	
office or re agent. I at SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was autrations of, Section 607.0505, Florid	orized b a Statute	y the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint the appointment of the purpose of the appointment of the purpose o	inunent as reg	Jistel eu
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	VICTORY, JAMES T.		1.2 NAME			•	l
STREET ADDRESS	290 LLWYD'S LANE			ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		1,4 CITY-			☐ Change	Addition
TITLE	STD	☐ DELETE	2.1 TITLE	l l			
NAME	VICTORY, FAITH R.		2.2 NAME				ŀ
STREET ADDRESS	290 LLWYD'S LANE			ET ADDRESS	ee e e e		1
CITY-ST-ZIP	VERO BEACH FL D	☐ DELETE	2.4 CrTY			☐ Change	Addition
TITLE NAME	VICTORY, NANCY JANE	_ 0000	3.2 NAME	ì			\
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	GREAT FALLS VA			-ST-ZIP			
TITLE	WILLIAM FRIENDS TO	DELETE 4.1				☐ Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			į
CITY-\$T-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			52 NAME				1
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				/ Addition
TITLE	been		6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			F	ET ADDRESS			
CETY-ST-ZIP			6.4 CITY	-01-417	_	_	

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 suppliemental 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 corpdition 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Victory

Daytime Phone #