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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005780 (9)

SIERRA VICTOR INC.

CITY-ST-ZIP

FILED Apr 21 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 610-B OAK PARK PLACE 610-B OAK PARK PLACE PORT ORANGE FL 32127 PORT ORANGE FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 23-2707665 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name VALENZISI, SAMUEL 610-B OAK PLACE 82 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32127 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO1): Rog-stored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE VALENZISI. SAMUEL 1.2 NAMÉ NAME 108 CYPRESS POND ROAD STREET ADDRESS 1.3 STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE Valenzisi, elisabeth NAME 2.2 NAME **108 CYPRESS POND ROAD** STREET ADDRESS 2.3 STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-ZIP 2 4 CHY-S1-ZIP DELETE Change Addition TITLE 31 THEF 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHY- \$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1y - ST - 7)P CITY-ST-ZIP DELETE Change Add:tion TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this firing 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, or an attachment with an address.

6.4 CITY - ST- 7IP

Valenzici 304 3720