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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36204

(0)

VICTOR INVESTMENTS OF NAPLES, INC. Principal Place of Business Mailing Address 1700.4TH STREET SOUTH 1700 4TH STREET SOUTH NAPLES FL 33940 NAPLES FL 34102-7502 3a. Date of Last Report 3. Date Incorporated or Qualified 12/14/1989 02/08/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 65-0178730 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional D 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROUTLEDGE, L.V. 1700 4TH STREET SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 84 City Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typica or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PST DELETE Change Addition TITLE 1.1 TITLE ROUTLEDGE, L.V. 1.2 NAME NAME 1700 4TH STREET SOUTH 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-SY-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIF DELETE Change Addition 3.1 TITLE TITLE **3.2 NAME** NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME

14. I do 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or in state them an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-S1-ZIP

(96/6)

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FILED

Jan 31 1997 8:00am

Secretary of State