

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M88869 (6)

1. Corporation Name
VICTORIA LANE, INC.



Principal Place of Business

~~600 S. ANDREWS AVENUE~~
~~SUITE 400~~
~~FT. LAUDERDALE FL 33301~~
~~US~~

Mailing Address

~~600 S. ANDREWS AVENUE~~
~~SUITE 400~~
~~FT. LAUDERDALE FL 33301~~
~~US~~

2. Principal Place of Business

21 1105 MANDARIN Isle
Suite, Apt. #, etc.

22 City & State
23 FT. LAUDERDALE, FL

24 33312 Zip Country
25 BROWARD

2a. Mailing Address

26 1105 MANDARIN Isle
Suite, Apt. #, etc.

27 City & State
28 FT. LAUDERDALE, FL

29 33312 Zip Country
30 BROWARD

3. Date Incorporated or Qualified
07/08/1988

3a. Date of Last Report
04/02/1996

4. FEI Number

65-0070738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GREEN BRIDGE TRAIL, P.A.~~
~~600 S. ANDREWS AVENUE~~
~~SUITE 400~~
~~FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name PATRICIA A. BEYER
82 Street Address (P.O. Box Number is Not Acceptable)
CRANDALL AND ASSOCIATES, INC.
83 120 E. OAKLAND PARK BLVD #107
84 City FT. LAUDERDALE FL 85 Zip Code 33312

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

Patricia A. Beyer

PATRICIA A. BEYER

4/22/97

Signature, typed or printed name of registered agent and title of location.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, SADIE
STREET ADDRESS ~~600 S. ANDREWS AVENUE~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33301~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D
1.2 NAME SADIE SMITH
1.3 STREET ADDRESS 1105 MANDARIN Isle
1.4 CITY-ST-ZIP FT. LAUD. FLA. 33312

2.1 TITLE S/D
2.2 NAME ROY SHORTELL
2.3 STREET ADDRESS 1105 MANDARIN Isle
2.4 CITY-ST-ZIP FT. LAUD. FLA. 33312

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SMITH, SADIE (954) 415-7299

SSA President

CR2E034 (9/96)