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PROFIT
CORPORATION
ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300062430 (2)

VICTORY LANE OF TREASURE ISLAND, INC.

Principal Place of Business Mailing Address 10699 GULF BLVD KIESS GULF BLVD TREASURE ISLAND FL 33706 TREAGURE ISLAND FL 33706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Market St 21 59-3198553 Not Applicable Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MATHISON, GERALD E Street Address (P.O. Box Number is Not Acceptable) 10000 CULF DLVD TREASURE ISLAND FL 82706 83 11. Pursuant to e provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered red agent, or both, in the State of Liliar with, and accept the obligation fuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11 TITLE Addition MATHISON, GERALD E NAME 1.2 NAME 10099 CULF BLVD 1.3 STREET ADDRESS STREET ADDRESS Treasure Icland Fl. CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE MATHISON, DOROTHY L **2.2 NAME** 10099 GULF BLVD-STREET ADDRESS 2.3 STREET ADDRESS TREAGURE ISLAND FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 THUE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 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 comparation or the recover or trustese 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.