**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065045 (5)**

1. Corporation Name
**VICTOIRE O'DONNELL ASSOCIATES, INC.**

Principal Place of Business
**145 MACFARLAND AVE.**
**DELRAY BEACH FL 33483**

Mailing Address
**145 MACFARLAND AVE.**
**DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1993**
3a. Date of Last Report: **02/02/1994**

2. Principal Place of Business
21 1029 NASSAU ST.
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 1029 NASSAU ST.
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **65-0441885** — 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
**O'DONNELL, VICTOIRE**
**145 MACFARLANE AVENUE**
**DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1029 NASSAU ST.
83
84 City FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DPTS | 1 1 TITLE | | ☑ Change ☐ Addition |
| NAME | O'DONNELL, VICTOIRE | 1 2 NAME | | |
| STREET ADDRESS | 145 MACFARLANE DR | 1 3 STREET ADDRESS | 1029 NASSAU ST. | |
| CITY - ST - ZIP | DELRAY BCH FL | 1 4 CITY - ST - ZIP | 33483 | |
| TITLE | | 2 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 2 2 NAME | | |
| STREET ADDRESS | | 2 3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 2 4 CITY - ST - ZIP | | |
| TITLE | | 3 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3 2 NAME | | |
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| CITY - ST - ZIP | | 3 4 CITY - ST - ZIP | | |
| TITLE | | 4 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4 2 NAME | | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 4 4 CITY - ST - ZIP | | |
| TITLE | | 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 5 4 CITY - ST - ZIP | | |
| TITLE | | 6 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 6 4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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:** [signature] 4/26/95 (407) 279-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VICTOIRE O'DONNELL

0070710 CP