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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078291

VICTOR COMMUNICATIONS, INC.

						IZI 1 004 27 18210 11810	
Principal Place of Business		Mailing Address				•	
		1900 SUMMIT TOWER BL					
\$TE 230		STE 230					
ORLANDO FL 32810 US		ORLANDO FL 32810			DO NOT WRITE IN THIS SPACE		
05		US			3. Date incorporated or Qualifed		
					11/12/1993		
Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	6		59-3214761	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional		
22		27	والمستنيد المستان المستنيد المستنيد المستنيد المستنيد المستنيد المستنيد المستنيد		5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Bo
23		28			Trust Fund Contribution	Added 1	
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.	⊠ Yes	□No
241	9. Name and Address of Current I		130		10. Name and Address of New Registere		
	9, Name and Address of Current	Negistered Agent		Name	10, Name and Address of New Negistere	u Agent	
R∩V	VERS, CLAUD	man or or	1	I Hairie			ľ
477 PICKFORD POINT			82		Address (P.O. Box Number is Not Acceptable)		
	IGWOOD FL 32779				- is a factor and		
LUN	IGWUUD FL 327/9		1	33	· 1000000000000000000000000000000000000		TEST COLUMN
			L.		· · · · · · · · · · · · · · · · · · ·		44 U CS: 1141
			l'	34 City	F	85 Zip (Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	ites the abi	ove-named co	prporation submits this statement for the purpose	of changing its	registered
office or a	registered agent, or both, in the State of am familiar with, and accept the obligatio	Florida's Such change was	authorized	w the comor	ation's board of directors. I hereby accept the app	ointment as re	gistered
in grant la	am familiar with, and accept the obligation	ns of Section 607 0505. Fl	lorida Statut	^^			
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SIGNATURE		y ?		•			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered A	•	uired when reinstating). DATE		_
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	: NOT DIRECTORS	TE: Registered A	gent signature requ	ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOT	E: Registered A	gent signature requ		AND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND PD BOWERS, CLAUD	: NOT DIRECTORS	TE: Registered A	gent signature requ	ADDITIONS/CHANGES TO OFFICERS A		
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND PD BOWERS, CLAUD	: NOT DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature requ	ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PD BOWERS, CLAUD 477 PICKFORD POINT	: NOT DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature requires E E EET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a OFFICERS AND PD BOWERS, CLAUD 477 PICKFORD POINT LONGWOOD FL VP	nd title if applicable. (NOT DIRECTORS	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY 2.1 TITL	gent signature requires	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition)
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CITY-ST-ZIP 14. I 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 on an attachy feature in an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS