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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000086923 (8)

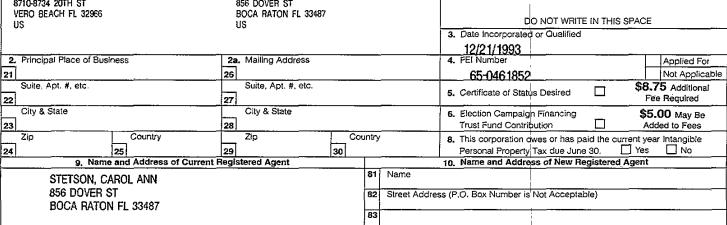
THE VICTOR BUILDING, INC.

Principal Place of Business Mailing Address 8710-8734 20TH ST 856 DOVER ST BOCA RATON FL 33487 VERO 8EACH FL 32966

FILED Feb 02 1998 8:00am Secretary of State

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

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agent, I a	m familiar with, and accept the obligations of, Sec	tion 607.0505, Flo	rida Statutes.		,		J
SIGNATURE Signature: typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
19	12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	p	DELETE	13.	ADDITIONO/OFIANGE		Change	Addition
NAME	STETSON, CAROL ANN		1.2 NAME		_		
STREET ADDRESS	856 DOVER ST		1.3 STREET ADDRESS	1	1		
i l			. == .	'			
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
		- DEECLE			<u> </u>	Ollange	Addition
NAME			2.2 NAME	1			
STREET ADDRESS			2.3 STREET ADDRESS	1			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	<u></u>		<u> </u>	[-1]
TITLE		☐ DELETE	3.1 TITLE		النا	Change	Addition
NAME			3.2 NAME	į.			
STREET ADDRESS			3.3 STREET ADDRESS	1			
CITY - ST - ZIP			3.4. CITY - ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	·			
STREET ADDRESS			4.3 STREET ADDRESS	1			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		\Box	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET AODRESS	_		6.3 STREET ADDRESS				
CITY - ST - 719		~~	64 (DN-ST-78)				

14. Thereby certify that the information supplied will indicated on this anities report or supplemental a officer or director of the corporation or the receive Block 12 or Block 13 if changed or on an attack. is filing opes not qualify that report is true and acc or trustee empowered to tion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an apport as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE