SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT



FLORIDA DEPARTMENT OF STATE

	RPORATION JAL REPORT 1996		3. Morthan ry of State CORPORA							
1. Corporation	R-VICTORIA RESEARCH (OOOO35	• • •							
Principal Place of Business 7600 S.W. 10TH COURT STE. 2 NORTH LAUDERDALE FL 33068		STE. 2	dress 7. 10th Court Auderdale Fi			3. Date Incorporated or Qualified 01/07/1994	3a. Date	of Last Re	eport	7
	face of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	02/27/1995 Applied For			}
Suite, Apt	#, etc	26 Suite A	Suite, Apt #, etc.			65-0460890 Not Applica				
22		27				5. Certificate of Status Desired \$8.75 Additional Fee Required				
23	City & Stale		City & State			Election Campaign Financing Trust Fund Contribution			May Be	
Zip 24	Country 25	Zip	Ζ(p Co		try	8. This corporation has liability for intangible tax				
24 25 9. Name and Address of Current			29 Peolstered Agent			Florida Statutes 10. Name and Address of New F	Yes 🔽			_
S N	800 S.W. 10TH COURT TE. 2 ORTH LAUDERDALE FL 33068 to the provisions of Sections 607.08 egistered agent, or both, in the Stat m familiar with, and accept the obli-			s, the abouthorized h	13 City ve named corruy the corpora	dress (P.O. Box Number is Not Acceptation submits this statement for the tion's board of directors. Thereby acceptances	FL purpose of ch of the appoint	85 Zip C anging 4s i		-
12.		ND DIRECTORS	(NOTE Hogistized Agent signative re-		gent signative requ	ADDITIONS/CHANGES TO OFF	DATE CEDS AND D	DECTOO	10.10	- 6
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 anofficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Biod 12 or Block 13 if changed, or in an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone III

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS