

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 20 11:40

**DOCUMENT # P94000005714 (8)**

1. Corporation Name

**ADAK LIMITED, INC.**

Principal Place of Business

**1666 KENNEDY CAUSEWAY  
SUITE 705  
N. BAY VILLAGE FL 33141**

Mailing Address

**1666 KENNEDY CAUSEWAY  
SUITE 705  
N. BAY VILLAGE FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**01/25/1994**

3a. Date of Last Report

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

County

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

County

**29**

**30**

4. FBI Number

**65-0472626**

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**

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FRANK, ROBERT R  
1666 KENNEDY CAUSEWAY  
SUITE 705  
N. BAY VILLAGE FL 33141**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**D  
FRANK, ROBERT A  
1666 KENNEDY CAUSEWAY #705  
N. BAY VILLAGE FL 33141**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**P/T/D  
TRIPODI, ANDREW  
186 LINDBERGH AVENUE  
OCEANSIDE, NY 11572**  
☒ Change ☐ Addition

2.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**V/S/D  
TRIPODI, THOMAS  
465 OCEAN DRIVE #814  
MIAMI BEACH, FL 33139**  
☐ Change ☒ Addition

3.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

4.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

5.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

6.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was 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 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 I am listed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Name)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000005833 (6)

1. Corporation Name

VICTORIOUS PROPERTIES, INC.

Principal Place of Business

2400 EAST COMMERCIAL BLVD.  
SUITE 820  
FORT LAUDERDALE FL 33308

Mailing Address

2400 EAST COMMERCIAL BLVD.  
SUITE 820  
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

1/25/94

4. FEI Number

65-0471900

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Director / Foreign Shareholder /  
Trust / Other Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has authority for signature tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SCHOLNIK, LOUIS N  
2400 EAST COMMERCIAL BLVD.  
SUITE 820  
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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 the filer, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SCHOLNIK, LOUIS N

STREET ADDRESS

2400 EAST COMMERCIAL BLVD. #820

CITY, ST, ZIP

FORT LAUDERDALE FL 33308

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6-8-95

305 771-3776