FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000005833 (6)**

1. Corporation Name

VICTORIOUS PROPERTIES, INC.

Principal Place of Business	Mailing Address
2400 EAST COMMERCIAL BLVD. STE 204 FORT LAUDERDALE FL 33308 US	2400 EAST COMMERCIAL BLVD. STE 204 FORT LAUDERDALE FL 33308 US

3. Date Incorporated or Qualified: **01/25/1994**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21: 9941 SW 4th Street
22: Suite, Apt. #, etc.:
23: City & State: Plantation, FL
24: Zip: 33324 25: Country: USA

2a. Mailing Address
26: 9941 SW 4th Street
27: Suite, Apt. #, etc.:
28: City & State: Plantation, FL
29: Zip: 33324 30: Country: USA

4. FEI Number: **65-0471900** ☐ 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

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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	NOFAL, KAHOOK		1.2 NAME	Kahook Nofal	
STREET ADDRESS	11020 SW 54TH ST		1.3 STREET ADDRESS	9941 SW 4th Street	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	☐ DELETE	2.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	URI, SUZAN		2.2 NAME	Uri, Suzan	
STREET ADDRESS	5005 NW 58TH TERR		2.3 STREET ADDRESS	5005 NW 58th Terr.	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ 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 ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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. 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, or on an attachment with an address.

SIGNATURE: Nofal Kahook. 3/6/96 954 771-3776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #