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

**PROFIT CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90074 009 \*\*\*150.00

1999

## DOCUMENT # **P94000020362**1. Corporat on Name

VICTORY SALES, INC.

|                       |  |                                    |                       |             |             | <del></del>                | ─{  | A KIRIL BRIDA           |                      | (1880 18 <b>0</b> 1 1888) |
|-----------------------|--|------------------------------------|-----------------------|-------------|-------------|----------------------------|---|-------------------------|----------------------|---------------------------|
| Principal Place       | e of Business                                  | Mailing Address                    |                       |             |             |                            |   |                         |                      |                           |
| 7458 VICTORY          | LANE   | 7458 VICTORY LANE                  |                       |             |             |                            |   |                         |                      |                           |
| UNIT 10101            |  | UNIT 10101                         |                       |             |             |                            | DO NOT INDITE IN THE  | e enace                 |                      |                           |
| DELRAY BEACH FL 33446 |  | DELRAY BEACH FL 3344               | DELRAY BEACH FL 33446 |             |             | DO NOT WRITE IN THIS SPACE |   |                         |                      |                           |
|                       |  |                                    |                       |             |             |                            | 3. Date Incorporated or Qualifed  |                         |                      |                           |
|                       | _  |                                    | ·                     |             |             |                            | 03/16/1994  |                         |                      |                           |
| 2. Principal P        | ace of Business                                | 2a. Mailing Address                |                       |             |             |                            | 4. FEI Number   |                         | +                    | lied For                  |
| 21                    |  | 26                                 |                       |             |             |                            | 65-0476065  |                         | Not                  | Applicable                |
| Suite, Apt.           | #, etc.  | Suite, Apt. #, etc.                |                       |             |             |                            | 5. Certificate of Status Desired  |                         |                      | Iditional                 |
| 22                    |  | 27                                 |                       |             |             |                            | 3. Certificate of Oldida Bearing  | Fe                      | e Rec                | uired                     |
| City & S at           | 6  | City & State                       |                       |             |             |                            | 6. Election Campaign Financing  | <b>\$</b> 5.            | .00 h                | 1ay Be                    |
| 23                    |  | 28                                 |                       |             |             |                            | Trust Fund Contribution   | Add                     | ded to               | Fees                      |
| Zip                   | Country  | Zip                                | Cou                   | intry       |             |                            | 8. This or rporation owes the current year in   | ntangible               |                      | Ì                         |
| 24                    | 25   | 29                                 | 30                    |             |             |                            | Persor al Property Tax.   | Yes 🗌                   | Ţ                    | ∃No                       |
|                       | 9. Name and Address of Cu                      |                                    |                       | T           |             |                            | 10. Name and Address of New Registered  | J Agent                 |                      |                           |
|                       |  |                                    |                       | 81          | Nam         | <del></del>                |   |                         |                      |                           |
| NEW                   | MAN, HAROLD S.                                 |                                    |                       | _           |             | <del></del>                | (0.0.0.1)   |                         |                      |                           |
|                       | VICTORY LN., UNIT 10101                        |                                    |                       | 82          | Stree       | t At are                   | ess (P.O. Box Number is Not Acceptable)   |                         |                      |                           |
|                       | RAY BEACH FL 33446                             |                                    |                       | 83          |             | —-                         |   |                         |                      |                           |
| UILL                  | ANT BENOTITE SOME                              |                                    |                       | "           |             |                            |   | _                       |                      |                           |
|                       |  |                                    |                       | 84          | City        |                            | FI  | 85                      | Zip C                | ode                       |
|                       |  |                                    |                       | Ш           | Ĺ           | <u> </u>                   |   |                         |                      | ogistesed .               |
| 11. Pursuant          | to the provisions of Sections 607              | .0502 and 607.1508, Florida Stat   | ι tes, the a          | bove<br>Lhv | e-name      | d corpo<br>poratio         | oration submits this statement for the purpose con's board of directors. I hereby accept the appo | ม cnangin<br>ointment ส | ag its ii<br>as reci | egistered<br>istered      |
| agent. La             | m familiar with, and accept the of             | oligations of, Section 607.0505, F | orida Stat            | utes        |             | pomilio                    | .,,   |                         | •                    | }                         |
| SIGNATUF:E            |  |                                    |                       |             |             |                            |   |                         |                      |                           |
| SIGNATURE             | Signature, typed or printed name of registered | d agen and title if applicable (NO | 1E. Registered        | Ágen        | nt signatur | e red alse                 | d when reinstating; DATE  |                         |                      |                           |
| 12.                   | OFFICERS                                       | AND DIRECTORS                      | 13.                   |             |             |                            | ADDITIONS/CHANGES TO OFFICERS A   |                         |                      |                           |
| TITLE                 | P  | ☐ DELETE                           | 1,1 TI                | TLE         |             | Ì                          |   | Cha                     | ınge                 | Addition                  |
| NAME                  | NEWMAN, HAROLD S                               |                                    | 1.2 N                 | AME         |             |                            |   |                         |                      |                           |
| STREET ADDRESS        | 7458 VICTORY LANE, UNIT                        | 10101                              | 138                   | TREET       | ADDRES      | s                          |   |                         |                      |                           |
| CITY-ST-ZIP           | DELRAY BEACH FL 33446                          |                                    | 140                   | ΠY-8        | T-ZIP       |                            |   |                         |                      |                           |
| TITLE                 | DELINI DENOTITE CONTO                          | ☐ DELETE                           | 2.1 T                 |             |             |                            |   | ☐ Cha                   | inge                 | ☐ Addition                |
|                       |  |                                    | 22 N                  | AMF         |             |                            |   |                         |                      |                           |
| NAME                  |  |                                    |                       |             | TADDRES     |                            |   |                         |                      |                           |
| STREET ADDRI.SS       |  |                                    |                       |             |             | 3                          |   |                         |                      |                           |
| CITY-ST-ZIP           |  | ☐ DELETE                           | _                     |             | T-ZIP_      | +-                         |   | Cha                     | ange                 | Addition                  |
| TITLE                 |  | L) Deteie                          | 3.1 T                 |             |             |                            |   |                         | 95                   |                           |
| NAME                  |  |                                    | 3.2 N                 |             |             |                            |   |                         |                      |                           |
| STREET ADDR :SS       |  |                                    | 3.3 S                 | TREET       | ADORES      | s                          |   |                         |                      | i                         |
| CITY-ST-ZIP           | <u> </u>                                       |                                    |                       |             | T-ZIP       | 4-                         |   |                         |                      | F                         |
| TITLE                 |  | ☐ DELETE                           | 41T                   | ITLE        |             |                            |   | Cha                     | inge                 | Addition                  |
| NAME                  |  |                                    | 4.21                  | AME         |             |                            |   |                         |                      |                           |
| STREET ADDRESS        |  |                                    | 4.3 S                 | TREET       | TADDRES     | s                          |   |                         |                      |                           |
| CITY-ST-ZIP           |  |                                    | 440                   | TY-S        | T-ZIP       |                            |   |                         |                      |                           |
| TITLE                 |  | ☐ DELETE                           | 51T                   |             |             | 1                          |   | ☐ Cha                   | ange                 | Addition                  |
| NAME                  |  |                                    | 5.2 N                 | AME         |             |                            |   |                         |                      |                           |
|                       |  |                                    | 5.3 S                 | TREET       | T ADDRES    | s                          |   |                         |                      |                           |
| STREET ADDRESS        |  |                                    |                       | ITY-S       |             | ļ                          | •   |                         |                      |                           |
| CITY-ST-ZIP           | <u></u>  | ☐ DELETE                           | 61 T                  |             | 639         |                            |   | Cha                     | ange                 | Addition                  |
| TITLE                 | I  |                                    | • • • • •             |             |             | 1                          |   |                         | - ·                  |                           |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa 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 one attachment system a address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS