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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DOCUMENT

VICTORY LANE ENTERPRISES, INC.

Jan 21 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P94000034360 (5)



FILED

Principal Plac	ce of Business	Mailing Address		* **********************************	III BIOOD IIII DIIII BAII IODI
220 CONGRE		800 EAST BLVD			•
255	COO FR. DA.	CHARLOTTE NC 28203			
DELRAY BEACH FL 33445		US		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	110
				05/06/1994	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		56-1881281	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes I No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
WAXLER, CAROL S			81 Name		
73 SW FLAGLER AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STUART FL 34994					
			83		
			84 City		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the above-named cor	rporation submits this statement for the purpose of	of changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of Section 607,0505. Fig	uthorized by the corpora rida Statutes	rporation submits this statement for the purpose cation's board of directors. I hereby accept the app	pointment as registered
		21.01.000.000.000.0000.110	noa olatatos.	•	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Agent signature requ	ulred when reinstating) DATE	
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	WAXLER, CAROL S		1.2 NAME		
STREET ADDRESS	73 SW FLAGLER AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	STUART FL 34994		1,4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition
NAME	SABATES, FELIX S.		2.2 NAME		
STREET ADDRESS	800 EAST BLVD.				
CITY-ST-ZIP	CHARLOTTE N.		2.3 STREET ADDRESS		
TITLE			2.3 STREET ADDRESS		
	V	T DELETE	2. 4 CITY-ST-ZIP		Change Addition
		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	·	Change Addition
NAME	WHITE, DOUGLAS	☐ DELETE	2. 4 GITY-ST-ZIP 3.1 TITLE 3.2 NAME	·	☐ Change ☐ Addition
NAME STREET ADDRESS	WHITE, DOUGLAS 800 EAST BLVD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	·	☐ Change ☐ Addition
NAME Street address City-St-Zip	WHITE, DOUGLAS	_	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	WHITE, DOUGLAS 800 EAST BLVD	☐ DELETE	2. 4 GITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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1704) 1207.91047