

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90024 013 \*\*\*150.00

DOCUMENT # P94000034360

1. Corporation Name  
VICTORY LANE ENTERPRISES, INC.



Principal Place of Business

220 CONGRESS PK. DR.  
255  
DELRAY BEACH FL 33445  
US

Mailing Address

800 EAST BLVD  
CHARLOTTE NC 28203  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1994

4. FEI Number

56-1881281

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 800 EAST BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

CHARLOTTE NC

27 City & State

28 Zip

24 28203 25 USA

Country

30

9. Name and Address of Current Registered Agent

WAXLER, CAROL S  
73 SW FLAGLER AVENUE  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

ROBB MAASS

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

321 ROYAL POINCIANNA PLAZA

83

84 City

PALM BEACH FL

85 Zip Code

33480

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 reinstating)

DATE

ROBB R. MAASS

1/20/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME WAXLER, CAROL S  
STREET ADDRESS 73 SW FLAGLER AVENUE  
CITY-ST-ZIP STUART FL 34994

TITLE P ☐ DELETE  
NAME SABATES, FELIX S.  
STREET ADDRESS 800 EAST BLVD.  
CITY-ST-ZIP CHARLOTTE N.

TITLE V ☐ DELETE  
NAME WHITE, DOUGLAS  
STREET ADDRESS 800 EAST BLVD  
CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 704 662-9642

CR2E034 (11/98)