

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

FILED

Apr 23 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000053354 (4)

1. Corporation Name
VICTOR ALEXANDER, INC.



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| Principal Place of Business 370 BELVILLIE BLVD NAPLES FL 33942 US | Mailing Address 6781 SABLE RIDGE LN NAPLES FL 34108-0527 |
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|--|--|
| 3. Date Incorporated or Qualified 07/15/1994 | 3a. Date of Last Report 04/25/1996 |
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|--|---|
| 2. Principal Place of Business 21 5857 Shirley ST Suite, Apt. #, etc. 22 Unit B City & State 23 Naples, FL Zip 24 34109 | 2a. Mailing Address 26 5857 Shirley ST Suite, Apt. #, etc. 27 Unit B City & State 28 Naples, FL 34109 Zip 29 34109 |
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| | |
|--|--|
| 4. FEI Number 65-0508603 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PIRES, ANTHONY P JR
801 LAUREL OAK DR, 640
NAPLES FL 33963**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIESMUELLER, WALTER H | 1.2 NAME | |
| STREET ADDRESS | 801 LAUREL OAK DRIVE, STE 640 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | DVST <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SZILIT, ROSALIA H | 2.2 NAME | DY T Szilit, Rosalia H |
| STREET ADDRESS | 801 LAUREL OAK DRIVE, STE 640 | 2.3 STREET ADDRESS | 370 Belville Blvd |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | Naples, FL |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | S Henny Bokrand |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 6781 Sable Ridge Lane |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Naples, FL |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: Henny Bokrand **Henny Bokrand** 4/17/97

CR2E034 (9/96)