


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

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000053354 (4)
 1. Corporation Name
VICTOR ALEXANDER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5857 SHIRLEY ST UNIT B NAPLES FL 34109 US	Mailing Address 5857 SHIRLEY ST UNIT B NAPLES FL 34109 US
---	---

3. Date Incorporated or Qualified 07/15/1994	4. FEI Number 65-0508603	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Progress Ave. Suite, Apt. #, etc. 22 4425 City & State 23 Naples, Florida Zip 24 34104	2a. Mailing Address 26 Progress Ave. Suite, Apt. #, etc. 27 4425 City & State 28 Naples, Florida Zip 29 34104	Country 25	Country 30
---	--	---------------	---------------

9. Name and Address of Current Registered Agent PIRES, ANTHONY P JR 801 LAUREL OAK DR, 640 NAPLES FL 33963		81 Name	10. Name and Address of New Registered Agent	
		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 607.1508, 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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIESMUELLER, WALTER H 801 LAUREL OAK DRIVE, STE 640 NAPLES FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SZLIT, ROSALIA H 801 LAUREL OAK DRIVE, STE 640 NAPLES FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOKRAND, HENRY 6781 SABLE RIDGE LANE NAPLES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DP Wiesmueller Walter H. 370 Belville Blvd. Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVT Wiesmueller Rosalia M. 370 Belville Blvd. Naples FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S Wiesmueller Rosalia M. 370 Belville Blvd. Naples, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an Attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED

CR2E034 (10/97)