


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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000053354 (4)**

1. Corporation Name  
**VICTOR ALEXANDER, INC.**

Principal Place of Business <b>5857 SHIRLEY ST UNIT B NAPLES FL 34109 US</b>	Mailing Address <b>5857 SHIRLEY ST UNIT B NAPLES FL 34109 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Progress Ave.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>Progress Ave.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/15/1994</b>	
22 <b>4425</b>		27 <b>4425</b>		4. FEI Number <b>65-0508603</b>	
23 <b>Naples, Florida</b>		28 <b>Naples, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>34104</b>		29 <b>34104</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		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	

9. Name and Address of Current Registered Agent <b>PIRES, ANTHONY P JR 801 LAUREL OAK DR, 640 NAPLES FL 33963</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

Signature, typed or printed name of registered agent and title if applicable.

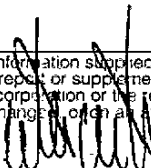
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIESMUELLER, WALTER H			1.2 NAME	Wiesmueller Walter H.		
STREET ADDRESS	801 LAUREL OAK DRIVE, STE 640			1.3 STREET ADDRESS	370 Belville Blvd.		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Naples, FL 34104		
TITLE	DVT	<input type="checkbox"/> DELETE		2.1 TITLE	DVT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZLIT, ROSALIA H			2.2 NAME	Wiesmueller Rosalia M.		
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 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOKRAND, HENRY			3.2 NAME	Wiesmueller Rosalia M.		
STREET ADDRESS	6781 SABLE RIDGE LANE			3.3 STREET ADDRESS	370 Belville Blvd.		
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP	Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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)