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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000018767 (0)

VICTORIA PEARLS CORPORATION

Delacted Disease Divisions										
Principal Place of Business				Mailing Address						
2340 PERIWINKLE WAY SUITE J3 SANIBEL ISLAND FL 33957				2340 Periwinkle Way Suite J3 Sanibel Island FL 33957-3220				1		
ONINDEE IODAN	D 1 C 90001		VIIII	DEC 1021110 12 000	OF OLLO			3. Date Incorporated or Qualified	3a. Date of Last Report	
								03/08/1995	04/10/1996	
2. Principal P	lace of Busin	ness	2a.	Mailing Address				4. FEI Number	Applied For	
21			26					59-3313248	Not Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					\$8.75 Additional	
22			27					5. Certificate of Status Desired	Fee Required	
City & State				City & State				6. Election Campaign Financing	\$5.00 May Be	
23			28	28				Trust Fund Contribution Added to Fees		
Zip		Country]	Zip	Cou	intry	,	8. This corporation has liability for		
24		25	29		30	,— 			Yes NO No	
		and Address of Cu	irrent Registe	ered Agent		L		10. Name and Address of New Re	gistered Agent	
	JFF, Robe					81	Name			
2340 PERIWINKLE WAY						82	Street A	Street Address (P.O. Box Number is Not Acceptable)		
SUIT										
SAN	IBEL ISLAN	ID FL 33957				83				
						84	City		85 Zip Code	
						•	Oity		FL 20000	
11. Pursuant	to the provis	ions of Sections 607	.0502 and 60	7.1508, Florida Stat	utes, the al	bove	o-named o	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered	
agent. La	egistered aç ım familiar w	ith, and accept the c	obligations of,	Section 607.0505, I	s aumonze Florida Stat	lutes	лие согра В.	oration's board of directors, i hereby acce	of the appointment as registered	
SIGNATURE										
***	Signature, typed	d or printed name of register				d Ago	ort signature is	eq.Fred when rainstaling)	DATE	
12.	KATA	OFFICERS	AND DIREC		13.		~	ADDITIONS/CHANGES TO OFFI		
TITLE	PSTD	0000001 / #		DELETE	1.1 Tr	1Lŧ	1		Change Addition	
NAME	HATUFF,	ROBERT L III	UTC 10		1.2 N	AME				
STREET ADDRESS		RIWINKLE WAY, SI			1.3 \$	IREET	ADDRESS			
CITY-ST-ZIP	SANIBEL	ISLAND FL 33957					T-ZIP			
TITLE				DECETE	2.1 TI	11E			Change Addition	
NAME .					2.2 N	AME	i			
STREET ADDRESS					2351	REFT	ADDRESS			
CITY-ST-ZIP				17.00.000			ST-ZIP			
TITLE				DELETE	3 1 TI				Change Addition	
NAME					3.2 N					
STREET ADDRESS					335	IREET	ADDRESS			
CITY-ST-ZIP	ļ	 		Floriere			S1-21P			
TITLE				DELETE	4.1 1	TLE			Change L Addition	
NAME					4.2 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				DELETE			II - ZIP		T Observe T Laure	
TITLE				DELE1E	5.1 11		Į		Change Addition	
NAME					52N		ľ			
STREET ADDRESS							AUDRESS			
CITY-ST-ZIP				T beleve			T - 7(P		Ta. Circ	
TITLE				☐ DELETE	6.1 TI				Change Addition	
NAME					6.2 N	AME				
STREET ADDRESS	1				6.3 \$	TREET	ADDRESS			

14. I do hereby certify that the information supplied with this filling 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 eath; 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 at Block 13 if changed, or on an attachment with an address.

SIGNATURE.

4-25-97

(441)395-1300

FILED

May 06 1997 8:00am

Secretary of State