SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000029595 (2) VICTORY PUBLICATIONS, INC.					
					1840 1444 1114 1114 1114 1416 1411 1411
Principal Place	of Business	Mailing Address			HORO ROOK INIK NIKO 1810 BIRI 1901
2082 CAMILO STREET 2082 CAMILO STREET PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952					
				3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0514920	Not Applicable \$8.75 Additional
Suite, Apt #	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired [Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Z+p 24	Country 25	Zip 3	lo]	8. This corporation has liability for int Florida Statutes	Yes No
	9. Name and Address of Curren			10. Name and Address of New Regi	stered Agent
BO	YD, WILLIAM R		81 Name		
2082 CAMILO STREET			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
POI	RT ST. LUCIE FL 34952		83		
			04 04		85 Zip Code
			84 City		FL
11. Pursuant to office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig-	12 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	, the above-named corp horized by the corporati da Statutes	oration submits this statement for the pur ion's board of directors. Thereby accept the	ne appointment as registered
11. Pursuant i office or reagent. Lai SIGNATURE.	m familiar with, and accept the oblig Signature sylvator protection collegistensing	ations of, Section 607.0505, Florid ecarchite (fapplicable (NOTE) IO DIRECTORS	Registered Agent signature requi		DATE RS AND DIRECTORS IN 12
agent has SIGNATURE 12.	m familiar with, and accept the oblig Signature syndropoled cone of registered syn OF FICERS AN	ecard tite (applicable (NO))	Registered Agent signature required. 13. 11 Tiff(F)	erna witten rear statung)	DATE
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14. I do bereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(6). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR