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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000014343

VICTOR'S COTTAGE, INC.

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90065 041 ***150.00



Principal Place of Business Mailing Address							113) 00 3)(00)0) ()		IND I HILL HORE
1201 BERMUDA ST. 1201 BERMUDA ST.									
CLEARWATER FL 33755 CLEARWATER FL 33755						•			
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
		<u></u>				02/15/1996	<u>-</u>		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		 	lied For
21		26		***		59-3363990			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
27						5. Certificate of ottoto position	· · · · · · · · · · · · · · · · · · ·	Fee Rec	uired
City & Stat	e	City & State				6. Election Campaign Financing	Πn	\$5.00 +	•
23	28					Trust Fund Contribution		Added to	Fees
Zip	Country Zip Co			,		8. This corporation owes the cur			
24	25	29	0			Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent		•	1	0. Name and Address of New	Registered A	Agent	
	V 14500 B		81	Name					
CODY, MARGO B			82	Street A	Address	(P.O. Box Number is Not Accept	able)		
1201 BERMUDA ST.			"	Olicci	radiooo	()O. DOX (all DOX 10 to			
CLEARWATER FL 33755			83						
	•							Test 3:- 0	
			84	City			FL	85 Zip C	ode
44 Dureuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes.	the above	e-named o	corporat	tion submits this statement for the	purpose of	changing its r	egistered
office or r	edistored agent or both in the State	of Florida, Such change was auth	iorizea dv	the corbo	oration's	board of directors. I hereby acce	pt the appoin	itment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fiorida	a Statutes	•					
SIGNATURE	Signature, typed or printed name of registered age	ot and title it applicable /NOTE: Re	nistered Ager	nt signature re	equired who	en reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		T 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE			1.1 TITLE		Į			☐ Change	☐ Addition
NAME	CODY, MARGO	,	12 NAME	Ì		-			
	AAA A 1444A AT			T ADDRESS	ĺ	• •			
STREET ADDRESS	CRYSTAL BEACH FL 34684		1						
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-212			-	Change	Addition
TITLE		Detere	1						
NAME	CODY, MARGO		2.2 NAME				•		
STREET ADDRESS	203 S MAYO ST.		2.3 STREE						
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		·		Change	Addition
TITLE			3.1 TITLE						
NAME	KELLER, PAMELA D		3.2 NAME						ļ
STREET ADDRESS	1		3.3 STREE	TADDRESS					Ì
CITY-ST-ZIP	CLEARWATER FL			ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAMÉ						
STREET ADDRESS			4.3 STREE	T ADDRESS		•			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				<u></u>	
TITLE		☐ DELETE	5.1 TITLE				•	☐ Change	☐ Addition
NAME			5.2 NAME	1				٠.	
STREET ADDRESS			5.3 STREE	TADDRESS	1				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					1
TITLE		☐ DELETE	6.1 TITLE				•	Change	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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP