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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021523

1. Corporation Name

VICTORY INDUSTRIES, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90023 012 ***150.00



					0710 12001 41001 01110 11000 1411 4001
Principal Place	e of Business	Mailing Address		·	
200 NE SECOND DRIVE HOMESTEAD FL 33030 200 NE SECOND DRIVE HOMESTEAD FL 33030 201 HOMESTEAD FL 33030					
				. DO NOT WRITE IN T	HIS SPACE ,
				3. Date Incorporated or Qualifed	
				-03/06/1996	',
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	5. Valuland Bl	Je 62.00 5.0	adeland B	65-0664853	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23 11/12	auxi 7L	28 MIAN	11	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30 20 Le	This corporation owes the current yea Personal Property Tax.	Intangible ☐ Yes ☑No
24 221	9. Name and Address of Current		30 2000	10. Name and Address of New Registe	
	5. Name and Address of Current	. Registered Agent	81 Name	8	
SACHER, CHARLES P					
2655	5 LEJEUNE ROAD STE 1101		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33030			83		
					T-1 - 0 -
			84 City]	Zip Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s, the above-named corp	oration submits this statement for the purpos	e of changing its registered
l office or r	registered agent, or both, in the State of arm familiar with, and accept the obligat	of Florida. Such change was au	ithorized by the corporation	on's board of directors. I hereby accept the a	ppointment as registered
_	am familiar with, and accept the obligat	ions of, Section 607.0303, Fion	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent signature require		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1,1 TITLE	ρ	Change Addition
NAME	RISI, LOUIS J JR.		1.2 NAME	01 071	D # nor
STREET ADDRESS	200 NE SECOND DRIVE		1.3 STREET ADDRESS #2	100 S. Duleland B1	VR - /V-1
CITY-ST-ZIP	HOMESTEAD FL 33030		1.4 CITY-ST-ZIP	100 S. Dukeland Di VITS	6
TITLE	D	☐ DELETE	2.1 TITLE 70	VIS	☐ enange ☐ Addition
NAME	RISI, STEVEN L		2.2 NAME	-0.1.0	71-1 HAS
STREET ADDRESS	200 NE SECOND DRIVE		2.3 STREET ADDRESS	LOD Si Jude and	7. VA 104
CITY-ST-ZIP	HOMESTEAD FL 33030		2.4 CITY-ST-ZIP	100 5. Jule land	<i>b</i>
TITLE		☐ DELETE	3.1 TITLE	()	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<u></u>
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			54 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 suppliemental 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

251 7.21.99 170 9660 Date Date

Change

☐ Addition