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 # P96000073403

VICTORY PLAZA, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90008 042 ***150.00



Principal Place	e of Business	Mailing Address			1 1901/1065 110 101/10 0141 001/11 001/1 001/1	INGEN (HII) BIGH W	#100 1111 1001	
3604 UNIVERSITY BLVD SOUTH. SUITE #5 3604 UNIVERSITY BLVD SO JACKSONVILLE FL 32216 JACKSONVILLE FL-32216				SUITE #5				<u> </u>
JACKSONVILLE	FL 32216	140420MAIFFE LT-25	210		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed	 -		
					08/29/1996			i
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Ap	plied For	i
21		26			59-3419258		t Applicable	i
Suite, Apt.	#, etc.	Suite, Apt. #, etc) .		5. Certifcate of Status Desired	\$8.75		
22		27				Fee Re	<u> </u>	i
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	• 1	
23		28			Trust Fund Contribution	Added t	o rees	i
Zip	Country			untry	8. This corporation owes the current year in	tangible Yes	□No	i
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered			l
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Rogister Co	, rigoni		l
мос	DRE, LORENZO							l
	INTERNATIONAL DR			82 Street Ad	dress (P.O. Box Number is Not Acceptable)			l
JACKSONVILLE FL: 32219				83				l
0,101	TOO IT THE COLUMN							1
				84 City	FI	85 Zip (Code	
44 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida	Statutes, the	above-named co	progration submits this statement for the purpose of	f changing its	registered	l
office or I	registered agent or both, in the Sta	te of Florida. Such change t	was authorize	ed by the corpora	ation's board of directors. I hereby accept the appoint	intment as re	gistered	l
agent. Fa	m familiar with, and accept the obli	gations of, Section 007.050	5, Florida Sta		an Marie	2/22	160	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registere	O Y & M od Agent signature requ	ired when reinstating) DATE	12.		1 2
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	وَ ا
TITLE	D	☐ DELE	TE 1.1 T	TITLE	-	Change	☐ Addition	1
NAME	IRION, ROBERT		121	NAME				5
STREET ADDRESS	ASSAULTED ATTY BLUD OF	UTH, SUITE #5	1.3 \$	STREET ADDRESS				إ
CITY-ST-ZIP	JACKSONVILLE FL 32216	-,	1.4 (CITY-ST-ZIP				Į č
TITLE	D				· · · · · · · · · · · · · · · · · · ·			(
NAME	COGAN, PEGGY	☐ DELE	TE 2.11	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition .	Ļ
STREET ADDRESS		∐ DELE	and the state of		· · · · · · · · · · · · · · · · · · ·	Change	Addition	ł
CITY-ST-ZIP		_	221	TITLE	·	☐ Change	☐ Addition	}
	3604 UNIVERSITY BLVD., SO	_	221	TITLE NAME	·	☐ Change		}
TITLE		_	22 N 23 S 2. 44	TITLE NAME STREET ADDRESS	·	☐ Change	Addition	
TITLE NAME	3604 UNIVERSITY BLVD., SO	OUTH, SUITE #5	22 N 23 S 2.44 TE 3.1 T	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			
	3604 UNIVERSITY BLVD., SO JACKSONVILLE FL 32216	OUTH, SUITE #5	22 N 23 S 2.44 TE 3.11 3.2 N	TITLE NAME STREET ADDRESS CITY- ST- ZIP	·			
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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 of 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.

SIGNATURE: