

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095849

VICTORY WAY SPORTS, INC.

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·	
Principal Place of Business	Mailing Address
4114 BUTTONNOOD TRAIL LIVERPOOL NY 13090	4114 BUTTONWOOD TRAIL LIVERPOOL NY 13090

FILED Mar 10, 1999 8:00 am **Secretary of State**

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Principal Pla	Principal Place of Business Mailing Address			J 1881/08(Itā (313) (011) 90(1) 68111 aftir aftira iaret bridt santi armi	1001				
H114 BUTTONWOOD TRAIL IVERPOOL NY 13090			4114 BUTTONWOOD TRAIL LIVERPOOL NY 13080			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 11/13/1998			
2. Principal	Place of Business	2a. Mailing Adda	ess			4. FEI Number Applied Fo Not Applied Fo Not Applied Fo			
Suite, Apl	t. #, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired \$8.75 Additions Fee Required	al		
City & Sta	ate	City & State				6. Election Campaign Financing Trust Fund Contribution S Added to Fees	· _		
Zip	Country 25	Zip	Zip Countr			8. This corporation owes the current year intangible Personal Property Tax. Yes			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
CHRISTIE, KIMBERLY 204 GROVE PARK DRIVE		81	Name Street Addre	ss (P.O. Box Number is Not Acceptable)					
DAV	/ENPORT FL 33831			83					
				84	City	FL 85 Zip Code			
	it to the provisions of Sections 507 registered agent, or both, in the S am familiar with, and accept the of					ration submits this statement for the purpose of changing its register of board of directors. I hereby accept the appointment as registered	ed		

SIGNATURE Signature, typed or printed name of registered agent and little if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change ☐ DELETE 1,1 TITLE TITLE PRESIDENT the Central 12 NAME NAME Ronald E sheeth 1.3 STREET ADDRESS 4114 BUTTONWOOD TRAIL STREET ADDRESS SEC/ TRACE 1.4 CITY-ST-ZIP CITY-ST-ZIP 13090 Addition Change DELETE 21 TITLE 2.2 NAME NAME KAMILLEN M. SHEER 2.3 STREET ADDRESS LIVE EQUIL MY 13-93 STREET ADDRESS 2. 4 CITY- ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TIDE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZW Change — Addition DELETE 4.1 TIRE πιΕ 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 8.1 TITLE Change DELETE DITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. 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

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