File on <u>subjec</u>	or before t to a \$ 400	May ⁻	I, 1999 .ATE F	or Li	mited	d Liabili	ity (Com	pany will b	e			,	
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999						FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				e e e e e e e e e e e e e e e e e e e				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE											(1477 - 14 771 SF 05			
Name and Mailing Address of Limited Liability Company DOCUMENT # Z00156									18. Principal Place of Business Address 8000 - E NORTH ARMENIA AVE. TAMPA FL 33604					
VICTORMARK, L.C. 8000 - E NORTH ARMENIA AVE. TAMPA FL 33604														
2 Principal Place of Business 2a. Maili						ing Address				3. Date Organized or Qualified 3a. State of Formation				
·										12/18/1989		FL	FL	
Suite, Apt. #, etc. Suite, Ap					ot. #, etc.				4. FEI Number Applied For			Applied For		
City & State					City & State					59-301 5. Date of Last		& Cortifu	Not Applicable	
Zip Country			Ž	Zip Cour			Count	ry	l '			itional Fee Required		
	7. Name a	nd Addr	ess of Cu	rrent Reg	istered	Agent			8.	Name and Addre		lered Ager	nt/Office	
9. Pursua its register as register	red office or regist red agent, and ac	ns of See	ctions 608.	.416 and t	508 508	, Florida Sta rida. Such ch	itutes, nange	, the at	Suite, Apt. #, etc	1 liability company	FL submits this state nty of the member	Zip Code	e purpose of changing accept the appointment	
SIGNATU	,				Intenty (*	1011 Flog stores			arequited when residutes	<i>a</i>	DATE .			
10. Title	10. Title Managing Members/Managers				Business Stre				ss Street Address		City	State and	Zip Code	
м	ROSENTH	IAL,	MARK	s.		8000	E	N.	ARMENIA	AVE.	TAMPA	FL		
М	ROSENTH	IAL,	VICT	OR		8000	E	N.	ARMENIA	AVE.	TAMPA	FL		
•										5	100002 -03/0 ****	> 759.2 14/99 ∗88.79	47154 01069023 3 *****88.75	
										C	: 10000 -03/ ***	779 04/93- ∗100.0	47154 -01063024 0 ****100.00	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.														
SIGN	SIGNATURE: VC 600 CONTROL OF SOUTH OF S													