

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000023218 (7)  
1. Corporation Name

VICTORIAN PALACE, INC.



Principal Place of Business: 4412 DELWOOD LANE PANAMA CITY BEACH FL 32408  
Mailing Address: 4412 DELWOOD LANE PANAMA CITY BEACH FL 32408

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified: 03/22/1995  
3a. Date of Last Report  
4. FEI Number: 59-3308809  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
IUTTO, BILL R  
4412 DELWOOD LANE  
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent  
81 Name: GARY WAKSTEIN  
82 Street Address (P.O. Box Number is Not Acceptable): 4412 DELWOOD LANE  
83  
84 City: Panama City Beach FL 85 Zip Code: 32408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/21/96

12. OFFICERS AND DIRECTORS  
TITLE: PD  
NAME: GARY WAKSTEIN  
STREET ADDRESS: 4412 DELWOOD LANE  
CITY-ST-ZIP: Panama City Beach FL 32408  
TITLE: SD  
NAME: Bill R. Iutto  
STREET ADDRESS: 4412 Delwood Lane  
CITY-ST-ZIP: Panama City Beach FL 32408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1-14 TITLE:  Change  Addition  
1-14 NAME:  
13 STREET ADDRESS:  
14 CITY-ST-ZIP:  
15-18 TITLE:  Change  Addition  
15-18 NAME:  
19 STREET ADDRESS:  
20 CITY-ST-ZIP:  
21-24 TITLE:  Change  Addition  
21-24 NAME:  
25 STREET ADDRESS:  
26 CITY-ST-ZIP:  
27-30 TITLE:  Change  Addition  
27-30 NAME:  
31 STREET ADDRESS:  
32 CITY-ST-ZIP:  
33-36 TITLE:  Change  Addition  
33-36 NAME:  
37 STREET ADDRESS:  
38 CITY-ST-ZIP:  
39-42 TITLE:  Change  Addition  
39-42 NAME:  
43 STREET ADDRESS:  
44 CITY-ST-ZIP:  
45-48 TITLE:  Change  Addition  
45-48 NAME:  
49 STREET ADDRESS:  
50 CITY-ST-ZIP:  
51-54 TITLE:  Change  Addition  
51-54 NAME:  
55 STREET ADDRESS:  
56 CITY-ST-ZIP:  
57-60 TITLE:  Change  Addition  
57-60 NAME:  
61 STREET ADDRESS:  
62 CITY-ST-ZIP:  
63-64 TITLE:  Change  Addition  
63-64 NAME:  
65 STREET ADDRESS:  
66 CITY-ST-ZIP:

100001778681  
-04/12/96--01067--012  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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 a attachment with an address.

SIGNATURE: *[Signature]* DATE: 3/21/96 904-284-6112  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)