

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000028032 (8)**

1. Corporation Name
VICTORIAN GARDENS, INC.



Principal Place of Business: **917 E SILVER SPRINGS BLVD Ocala FL 34471**
 Mailing Address: **917 E SILVER SPRINGS BLVD Ocala FL 34471**

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

3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 04/26/1995
4. FEI Number 59-3249121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ADOLF, BRENDA G 917 E SILVER SPRINGS BLVD OCALA FL 34471				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ADOLF, CHARLES P		2. NAME		
STREET ADDRESS	410 SW 36TH PL.		3. STREET ADDRESS		
CITY-STATE-ZIP	OCALA FL		4. CITY-STATE-ZIP		
TITLE	VTS	<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADOLF, BRENDA		6. NAME		
STREET ADDRESS	410 SW 36TH PL.		7. STREET ADDRESS		
CITY-STATE-ZIP	OCALA FL		8. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY-STATE-ZIP			12. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY-STATE-ZIP			16. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY-STATE-ZIP			20. CITY-STATE-ZIP		

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 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.

SIGNATURE: *Charles P. Adolf* **Charles P. Adolf**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)