FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION'S ANNUAL REPORT

1995

DOCUMENT # S64305 (3)

1. Corporate Name

VICTORIA'S ATTIC, INC.

APPROVED AND FILED

9:23

TALLAHASSEE, FLORIDA

Principal Address

101 S. CIRCLE DRIVE
SEBRING FL 33870
US

Mailing Address

101 S. CIRCLE DRIVE
SEBRING FL 33870
US

(Do Not Write in This Space)

3. Date First Incorporated or Qualified: 07/01/1991

3a. Date of Last Report: 05/01/1994

21 / 22 / 23 / 24 / 25

26 / 27 / 28 / 29 / 30

4. FEI Number: 59-3059987 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [X] $5.00 May Be Added to Fees

7. Is this corporation operating in agriculture as defined in s. 163.3162(3), Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KRUG, PAULETTE S.
101 S. CIRCLE DRIVE
SEBRING FL 33870

10. Name and Address of New Registered Agent

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 Section 607.1007, Florida Statutes, the above named corporation submits the above name for the purpose of changing its registered office or registered agent, or both, in the State of Florida and that 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, (A, C, D)
TYPE	PT	[ ] Change [ ] Addition
NAME	KRUG, PAULETTE	
STREET ADDRESS	119 W CENTER AVE	
CITY-ST-ZIP	SEBRING FL	
TYPE	V	[ ] Change [ ] Addition
NAME	HOLLAND, DONNA	
STREET ADDRESS	101 S. CIR. DR.	
CITY-ST-ZIP	SEBRING FL	
TYPE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I further certify that the information supplied with this report, voluntarily furnished and those fees paid for the purposes stated in Section 15.07(3)(a), Florida Statutes, I further certify that the information indicated on this report or supplemental 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: Paulette S. Krug Paulette S. Krug Pres. 4/27/95 813-471-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0014336 CP