

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90233 020 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000023820**

1. Corporation Name
TREASURE PROPERTIES, INC.

Principal Place of Business
 13535 FEATHER SOUND DR.
 STE. #125
 CLEARWATER FL 33762
 US

Mailing Address
 13535 FEATHER SOUND DR.
 STE. #125
 CLEARWATER FL 33762
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1705 N. 16TH ST.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **TAMPA FL**
 Zip Country
 24 **33605** 25 **USA**

2a. Mailing Address
 26 **1705 N. 16TH**
 Suite, Apt. #, etc.
 27
 City & State
 28 **TAMPA FL**
 Zip Country
 29 **33605** 30 **USA**

3. Date Incorporated or Qualified
03/30/1993

4. FEI Number
59-3175903 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BISELI, RICHARD
 13535 FEATHER SOUND DR.
 STE. #125
 CLEARWATER FL 33762

10. Name and Address of New Registered Agent
 81 Name **RICHARD L. BISELI**
 82 Street Address (P.O. Box Number is Not Acceptable)
1705 N. 16TH ST.
 83
 84 City **TAMPA** FL 85 Zip Code **33605**

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 607.0505, Florida Statutes.

SIGNATURE *Richard L. Biseli* DATE 4-20-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	BISELI, RICHARD	
STREET ADDRESS	5 ISLAND DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VS	<input checked="" type="checkbox"/>
NAME	SHEEHAN, DENNIS M	
STREET ADDRESS	14104 KENINGTON OAK PLACE	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	CARLOS J. ALFONSO		
3.3 STREET ADDRESS	1705 N. 16TH ST.		
3.4 CITY-ST-ZIP	TAMPA, FL 33605		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 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, with all other like empowered.

SIGNATURE: *Richard L. Biseli* SIGNATURE REQUIRED DATE 4-20-99 813-262-2345

CR2E034 (11/98)