

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

94 JUL 15 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
TRUE TREASURES, INC.

DOCUMENT #
S91843 (0)

Mailing Address
1201 N. US HWY ONE
STE. #15
NORTH PALM BEACH FL 33408
US

Principal Place of Business
1201 N. US HWY ONE
STE. #15
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Principal Place of Business 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/29/1991		3a. Date of Last Report 08/10/1993	
4. FBI Number 65-0297591		5. Certificate of Status Desired \$8.75 Additional Fee Required ☐		6. Election Campaign Financing Trust Fund Contribution ☐		7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No							

9. Name and Address of Current Registered Agent JOHNSON HOWARD C 1201 N. US ONE STE. #15 N. PALM BEACH FL 33408				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			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *Howard C Johnson* DATE 6-11-94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	JOHNSON, ELENA O'BRIEN	1.2 NAME	
1.3 STREET ADDRESS	3 VIA SORRENTO	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	PALM BCH GDNS FL	1.4 CITY - ST - ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	JOHNSON, HOWARD	2.2 NAME	
2.3 STREET ADDRESS	3 VIA SORRENTO	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	PALM BCH GDNS FL	2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the corporation's status in law under 1994 (Chk) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Sections 110.03 (Chk) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the owner or holder empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-94 407-625-9569