SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000068190 (5)

## FORGOTTEN TREASURES JEWELRY AND ESTATE BUYERS, I NC.

Principal Place of Business	Mailing Address
7152 N. UNIVERSITY DR.	7152 N. UNIVERSITY DR.
#37	#37
TAMARAC FL 33321	TAMARAC FL 33321

Jul 10 1998 8:00am Secretary of State



TAMARAC FL 33321		TAMARAC FL 33321				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
					····	09/15/1994			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21		26				65-0520194	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State					Fee Required		
23		<del>                                     </del>	<del> </del>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Zip	Country	Zip	Cou			This corporation owes or has pald the current year Integrate			
24	25	29	30	ii itti y		Personal Property Tax due June 30.	Yes No		
24	9. Name and Address of Curre		130	Τ		10. Name and Address of New Registered			
ZEEFE, MICHAEL					81 Name				
7152 N. UNIVERSITY DR.				-	21				
#37				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
TAMARAC FL 33321				83					
17411	THE SOUL								
				84	City	FI	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 607,0505, Florida Statutes.									
SIGNATURE					gent signature re	equired when reinstating) DATE			
12.	OFFICERS A	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 Tr	TLE			Change Addition		
NAME	ZERFE, MICHAEL		1.2 NA	ME	1		-		
STREET ADDRESS	4990 N.W. 101 AVE.		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CI	1,4 CITY-ST-ZIP					
TITLE		DELETE	2.1 Tr	TLE			Change Addition		
NAME			2.2 N/	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-ZIP				
TITLE			3.1 TITLE		I		☐ Change ☐ Addition		
NAME			3.2 N/	ME					
STREET ADDRESS			3.3 ST	REET	ADDRES\$				
CITY-ST-ZIP			3.4 CI	TY-ST	-ZIP				
TITLE		DELETE	4.1 Ti	TLE			Change Addition		
NAME			4.2 NA	ME	1				
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI		-ZIP				
TITLE		DELETE	5.1 T(	TLE	]		Change Addition		
NAME			5.2 NA	ME	1	9000025959	319 l		
STREET ADDRESS			5.3 ST	REET	ADDRESS	9000025856 -07/10/9801082	กัน		
CITY-ST-ZIP			5.4 Cr		-ZIP	***150.00	U10		
TITLE		DELETE	6.1 71	ſιΕ		v-a-a-1 20.1 00	Change Addition		
NAME			6.2 NA	ME		ak 1 m			
STREET ADDRESS			6.3 ST	reet	ADDRESS	D. 1/1/2			
CITY-ST-ZIP		<b>)</b>	6.4 CI	TY-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.

SIGNATURE:

6-30-98