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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F03825

(9)

DOCUMENT #

1. Corporation Name THE TREASURE CHEST, INC.

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D. 1. 1. 1. 1. C.	-(P. sianos	k Anito	na Address						
Principal Place of	of Business Akland Park BLVD		Mailing Address 8057 WEST OAKLAND PARK BLVD						
SUMPLISE FL 3			NRISE FL 33351						
						3. Date Incorporated or Qualified 10/30/1980	3a. Date o 02/	f Last Rep 21/199	
2. Principal Pla	ce of Business	2a. M	lailing Address			4. FEI Number	<u> </u>	L	pplied For
9		26				59-2058858			lot Applicable
Suite, Apt. #	, etc.	<u> </u>	uite, Apt. #, etc			5. Certificate of Status Desired			Additional lequired
2		27	aty & State			6. Election Campaign Financing			May Be
City & State		28	aty & State			Trust Fund Contribution			to Fees
Zip	Country		ıp	Cou	ntry	8. This corporation has liability for i	ntangible tax	under s	199.032,
24	25	29		30		Florida Statutes Yes	-		
	9. Name and Address of Current	t Register	red Agent			10. Name and Address of New R	egistered A	gent	
					81 Name				
ROTH, J	OSEPH				82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	RRYSTONE COURT				83				
FI. LAUI	DERDALE 33326			}				T	
					84 City		FL	85 Zip	Code
	Signature, typed or printed name of registered agent. OFFICERS AND			DIE Rogisterer 13.	i Agent synature require	ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIRECTO	RS IN 12
12.	PD	D LANGE CAN	DELFTE	1 11	DTLE				Addition
NAME	ROTH, JOSEPH			1.2 N	AME				
STREET ADDRESS	1282 TERRYSTONE COURT			13S	TREET ADDRESS				
CITY - ST - Z-P	FT. LAUDERDALE FL				:ITY - ST - ZIP			Channe	Cl. Addition
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rido nereby 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 amon an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR