

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Amended Annual Report

FILED

96 DEC -2 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **FA5000003994**
1. Corporation Name
TREASURED POSSESSIONS INC.

Principal Place of Business Mailing Address
**133 HAPPY LANE
DEFUNIAK SPRINGS, FL 32433**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3341741		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name G. BARRETT GLOVER			
				82. Street Address (P.O. Box Number is Not Acceptable) 133 HAPPY LANE			
				83. City			
				84. City DEFUNIAK SPRINGS FL 85. Zip Code 32433			

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 **G. Barrett Glover** **G. BARRETT GLOVER** CEO **11-6-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE CEO <input type="checkbox"/> DELETE				1.1 TITLE CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME G. BARRETT GLOVER				1.2 NAME G. BARRETT GLOVER			
1.3 STREET ADDRESS 133 HAPPY LANE				1.3 STREET ADDRESS 133 HAPPY LANE			
1.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433				1.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433			
2.1 TITLE EDITH F. COOMBS <input checked="" type="checkbox"/> DELETE				2.1 TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME TREASURED POSSESSIONS LTD.				2.2 NAME MARIA A. GLOVER			
2.3 STREET ADDRESS 1716 ROMESAY RD				2.3 STREET ADDRESS 133 HAPPY LANE			
2.4 CITY-ST-ZIP SAINT JOHN NB, CANADA E8H 2J4				2.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433			
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **G. Barrett Glover** **G. BARRETT GLOVER** **11-6-96** **(904) 892-9358**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (3/96)