

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J66716 (8)  
1. Corporation Name  
TREARS, INC.



Principal Place of Business Mailing Address  
17410 W. CARNEGIE CIR. 17410 W. CARNEGIE CIR.  
FT. MYERS FL 33912 FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/06/1987	
22 City & State		27 City & State		4. FEI Number	
23 City		28 City		59-2807892	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For  
Not Applicable  
\$8.75 Additional Fee Required  
\$5.00 May Be Added to Fees  
Yes No

9. Name and Address of Current Registered Agent  
MENARD, RONALD A.  
17410 W. CARNEGIE CIR.  
FT. MYERS FL 33912

10. Name and Address of New Registered Agent	
81 Name	SAME
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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: 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	
TITLE	PD	1.1 TITLE	
NAME	MENARD, RONALD A.	1.2 NAME	
STREET ADDRESS	17410 W. CARNEGIE CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	IANNUCCILLO, RAYMOND	2.2 NAME	
STREET ADDRESS	85 SUPERIOR AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. PROVIDENCE RI	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	
NAME	MACDONALD, RONALD	3.2 NAME	
STREET ADDRESS	21 HARRISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT RI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WAINMAN, NELSON P JR	4.2 NAME	
STREET ADDRESS	2839 N RIVERSIDE DR #803	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Deceased

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 in an attachment with an address.

SIGNATURE: RONALD A MENARD 2-30-98 941-267-

CR2E034 (10/97)