FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95465 (7)

1. Corporation Name
TREASURE COAST ENTERTAINMENT, INC.

Principal Place of Business
1790 NW FEDERAL HWY
1652 NE SEA HORSE PLACE
STUART MA 34994
US

Mailing Address
12299 FLORIDA AVENUE
1652 NE SEA HORSE PLACE
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0007967 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.: 1790 NW FEDERAL Hwy
23 City & State: STUART, FLORIDA
24 Zip: 34994 25 Country: MARTIN

2a. Mailing Address
26
27 Suite, Apt. #, etc.: SAME
28 City & State:
29 Zip: 30 Country:

9. Name and Address of Current Registered Agent
BERGEN, MARIE
12299 FLORIDA AVE
STUART FL 34994

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

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JARVIS, MARTIN
STREET ADDRESS	5455 SE ORANGE ST
CITY-ST-ZIP	STUART FL
TITLE	STD
NAME	BERGEN, MARIE A.
STREET ADDRESS	1652 NE SEA HORSE PLACE
CITY-ST-ZIP	JENSEN BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☐ Change ☐ Addition
12 NAME	THOMAS J. BERGEN	
13 STREET ADDRESS	12299 FLORIDA AVE	
14 CITY-ST-ZIP	STUART, FLORIDA 34994	
21 TITLE	ST	☐ Change ☐ Addition
22 NAME	MARIE A. BERGEN	
23 STREET ADDRESS	12299 FLORIDA AVE.	
24 CITY-ST-ZIP	STUART FLORIDA 34994	
31 TITLE	TR	☐ Change ☐ Addition
32 NAME	MARTIN T. JARVIS	
33 STREET ADDRESS	5455 SE ORANGE ST.	
34 CITY-ST-ZIP	STUART FLORIDA 34997	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie A. Bergen MARIE A. BERGEN 5/1/95 407-692-2514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380639 CP