

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

FILED  
Apr 30 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 # L30675 (7)  
1. Corporation Name  
SUE'S TREASURES, INC.



Principal Place of Business  
3242 DAVID BLVD.  
FT. LAUDERDALE F 33312  
US

Mailing Address  
3242 DAVID BLVD.  
FT. LAUDERDALE FL 3312-766  
US

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 1025 STATE ROAD 84          |  | 26 1025 STATE ROAD 84  |  | 11/20/1989  |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  |
|                                |  |                        |  | 16-0321361  |  |
| 23 City & State                |  | 28 City & State        |  | 5. Certificate of Status Desired  |  |
| FT. LAUDERDALE, FL             |  | FT. LAUDERDALE, FL     |  | <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 24 Zip                         |  | 29 Zip                 |  | 6. Election Campaign Financing  |  |
| 33315                          |  | 33315                  |  | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                        |  |
| 25 Country                     |  | 30 Country             |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |
| U.S.A.                         |  | U.S.A.                 |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                               |  |  |  | 10. Name and Address of New Registered Agent                                |  |  |  |
| COLLEY, SUE<br>3242 DAVE BLVD,<br>TWIN OAK CENTER<br>FORT LAUDERDALE FL 33312 |  |  |  | 81 Name COLLEY, SUE   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>1025 STATE ROAD 84 |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City FT. LAUDERDALE FL 85 Zip Code 33315                                 |  |  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |   |  |
|----------------------------|--------------------|---------------------------------|--|---|---------------------------|---|--|
| TITLE                      | DPT                | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | DPT                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | COLLEY, SUE        |                                 |  | 1.2 NAME  | COLLEY, SUE               |   |  |
| STREET ADDRESS             | 3242 DAVID BLVD.   |                                 |  | 1.3 STREET ADDRESS                                    | 1025 STATE ROAD 84        |   |  |
| CITY-ST-ZIP                | FORT LAUDERDALE FL |                                 |  | 1.4 CITY-ST-ZIP                                       | FORT LAUDERDALE, FL 33315 |   |  |
| TITLE                      | V                  | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | V                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | COLLEY, CHARLES T. |                                 |  | 2.2 NAME  | COLLEY, CHARLES T.        |   |  |
| STREET ADDRESS             | 3242 DAVID BLVD.   |                                 |  | 2.3 STREET ADDRESS                                    | 1025 STATE ROAD 84        |   |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL  |                                 |  | 2.4 CITY-ST-ZIP                                       | FORT LAUDERDALE, FL 33315 |   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 3.1 TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 3.2 NAME  |                           |   |  |
| STREET ADDRESS             |                    |                                 |  | 3.3 STREET ADDRESS                                    |                           |   |  |
| CITY-ST-ZIP                |                    |                                 |  | 3.4 CITY-ST-ZIP                                       |                           |   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 4.1 TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 4.2 NAME  |                           |   |  |
| STREET ADDRESS             |                    |                                 |  | 4.3 STREET ADDRESS                                    |                           |   |  |
| CITY-ST-ZIP                |                    |                                 |  | 4.4 CITY-ST-ZIP                                       |                           |   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 5.1 TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 5.2 NAME  |                           |   |  |
| STREET ADDRESS             |                    |                                 |  | 5.3 STREET ADDRESS                                    |                           |   |  |
| CITY-ST-ZIP                |                    |                                 |  | 5.4 CITY-ST-ZIP                                       |                           |   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 6.1 TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 6.2 NAME  |                           |   |  |
| STREET ADDRESS             |                    |                                 |  | 6.3 STREET ADDRESS                                    |                           |   |  |
| CITY-ST-ZIP                |                    |                                 |  | 6.4 CITY-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 \_\_\_\_\_ DATE 4/22/98 954-624-1005

CR2E034 (10/97)