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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90009 007 ***150.00

CORPORATION
ANNUAL REPORT
1999



Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L38105

1. Corporation Name

Treasure Cliest Antiques Inc

c/o BERNARD DODDO, CPA

5400 So. University Dr.
 DAVIE FLA 33328
 Suite 403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 Same		26		12/26/89		65-016-3860		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8. Election Campaign Financing		Trust Fund Contribution	
23 City & State		28 City & State		<input type="checkbox"/>		<input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip		29 Zip		Country		Country		\$5.00 May Be Added to Fees	
25		30						6. This corporation owes the current year Intangible Personal Property Tax.	
								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BERNARD DODDO CPA
 5400 S. UNIVERSITY DRIVE #403
 DAVIE, FLORIDA 33328

10. Name and Address of New Registered Agent

81 Name	BERNARD DODDO
82 Street Address (P.O. Box Number is Not Acceptable)	5400 S. UNIVERSITY Dr #403
83	
84 City	DAVIE, FL
85 Zip Code	33328

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 607.0605, Florida Statutes.

SIGNATURE Bernard Doddo CPA BERNARD DODDO 6/10/99
 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 <u>Pres</u>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>RICHARD LIMA</u>		1.2 NAME	
STREET ADDRESS <u>80 MARL ROAD</u>		1.3 STREET ADDRESS	
CITY-ST-ZIP <u>SWEDENSBORO NJ 08865</u>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Richard Lima Pres. 5/25/99 732-2080796
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)