

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L86743 (6)

1. Corporation Name
TREU ENTERPRISES, INC.



Principal Place of Business 2248 RIVERSIDE DR N CLEARWATER FL 34624-6722 US	Mailing Address TREU ENTERPRISES INC 2248 RIVERSIDE DR N. CLEARWATER FL 33764
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 345 Barbara Circle Suite, Apt. #, etc.	2a. Mailing Address 26 Treu Enterprises Inc Suite, Apt. #, etc.
22 City & State 23 BELLEAIR FL	27 345 Barbara Circle City & State 28 BELLEAIR FL
24 33756 Country 25 USA	29 33756 Country 30 USA

3. Date Incorporated or Qualified
07/10/1990

4. FEI Number
59-3017232 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**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**TREU, GREGORY A.
2248 RIVERSIDE DR N
CLEARWATER FL 34624-6722**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
345 Barbara Cir

83

84 City **BELLEAIR** FL 85 Zip Code **33756**

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

TITLE PT	<input type="checkbox"/> DELETE
NAME TREU, GREGORY A.	
STREET ADDRESS 2248 RIVERSIDE DR N	
CITY-ST-ZIP CLEARWATER FL 34624-6722	
TITLE VPS	<input checked="" type="checkbox"/> DELETE
NAME TREU, LIDIA P.	
STREET ADDRESS 2248 RIVERSIDE DR N	
CITY-ST-ZIP CLEARWATER FL 34624-6722	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Treu Gregory A.	
1.3 STREET ADDRESS 345 Barbara Circle	
1.4 CITY-ST-ZIP BELLEAIR, FL 33756-1042	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Treu Gregory A. Treu** 11/16/98 813-458-3110

CR2E034 (10/97)