

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2:17

DOCUMENT # L92420 (3)
1. Corporation Name
SUN TREASURE INVESTMENT GROUP, INCORPORATED

Principal Place of Business Mailing Address
**1541 SE PORT ST LUCIE BLVD
SUITE A
PORT ST LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/10/1990	03/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		98-0112439	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	\$5.00 May Be Added to Fees
Zip		Country		6. Election Campaign Financing Trust Fund Contribution	
24		25		29	
30		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
32		33		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**MECCA, JACK
1541 SE PORT ST LUCIE BLVD
SUITE A
PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☒ Change ☐ Addition
NAME	VESTERLUND, STIG	1.2 NAME	
STREET ADDRESS	1541 SE PSL BLVD #A	1.3 STREET ADDRESS	
CITY - ST - ZIP	PT ST LUCIE FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	MECCA, JACK	2.2 NAME	
STREET ADDRESS	2022 SE ALLAMANDA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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:

Jack Mecca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack Mecca, President

2-15-95 (NOT) 335-4660
Date (Typed Name)