

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L97650 (0)

1. Corporation Name

CONSIGNMENT TREASURES, INC.

Principal Place of Business

14590 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484

Mailing Address

14590 SOUTH MILITARY TRAIL
14590 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STEINBERG, ARNOLD Y.
3111 UNIVERSITY DR
SUITE 533
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

09/05/1990

3a. Date of Last Report

04/12/1995

4. FEI Number

65-0213330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

Charlotte Belfer

82

Street Address (P.O. Box Number is Not Acceptable)

14590 SOUTH MILITARY TRAIL

83

DELRAY BEACH, FL

33484-5

84

City

FL

Zip Code

33445

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

Charlotte Belfer

Signature of Registered Agent (Signature required when re-registering)

3/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BURRES, TANYA
STREET ADDRESS % 3111 UNIVERSITY DR 533
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VST ☐ DELETE
NAME BELFER, CHARLOTTE
STREET ADDRESS % 3111 UNIVERSITY DR 533
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE
NAME BELFER, CHARLOTTE
STREET ADDRESS % 3111 UNIVERSITY DR 533
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1000001759541
- 03/27/96-- 01060-- 002
**4200.00

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:

Charlotte Belfer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96

DATE

407-4957943

DAYTIME PHONE #

CR2E034 (12/95)