

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 # P93000023820 (2)

1. Corporation Name

TREASURE PROPERTIES, INC.



Principal Place of Business

Mailing Address

13037 GULF BLVD.
3B
MADEIRA BCH FL 33708
US

13037 GULF BLVD.
3B
MADEIRA BEACH FL 33708
US

3. Date Incorporated or Qualified 03/30/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3175903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YANKANICH, ROBERT
13037 GULF BLVD.
~~SUITE 2B~~
MADEIRA BEACH FL 33708

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE 3B
84 City
FL 85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISELI, RICHARD	1.2 NAME	
STREET ADDRESS	5 ISLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	TREASURE ISLAND, FL.
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANKANICH, ROBERT	2.2 NAME	
STREET ADDRESS	11205 8TH STREET, E	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V/S SHEEHAN, DENNIS M.
STREET ADDRESS		3.3 STREET ADDRESS	14104 KENSINGTON OAK PLACE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LARGO, FL 34644
TITLE		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		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		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 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: *Richard L. Biseli* RICHARD L. BISELI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 813-399-8522

Date Day/Time Phone #

CR2E034 (12/95)