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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000023820

1. Corporation Name

TREASURE PROPERTIES, INC.

						!!!!!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!				
Principal Place of Business Mailing Address						Blindi tim laind tint baiti m)1011 8011 1881	
13535 FEATHER SOUND DR. 13535 FEATHER SOUND DR.)					
STE. #125 STE. #125					j	DO NOT WEITE IN THE COACE				
CLEARWATER FL 33762 CLEARWATER FL 33762 US US					2 72 12	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
U\$		US			03/30/		ı		{	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nur			Ar	plied For	
21 1705		26 176 5 N.	162	78	59-317	75903		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.		·	5, Certifca	te of Status Desired	K	\$8.75 Fee Re	Additional equired	
City & State	IA FL	City & State	F	۷.		Campaign Financing	Π	\$5.00 Added	May Be to Fees	
Zip 24 3360	Country	Zip 3766 30	Countr	ř.A	1	rporation owes the cut	rrent year Int	angible	□No	
	9. Name and Address of Current	10. Name a	and Address of New	Registered	Agent					
				Name .	× 11-1-1	. Biseli			-	
BISELI, RICHARD						Number is Not Accep	table)			
13535 FEATHER SOUND DR.					udiess (P.O. DOX	16 TH 57	igibie)			
STE. #125				3						
CLEARWATER FL 33762				City				os Zin		
				7/6	mPA		FL		, (
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized by	y the corpor	orporation submits ation's board of di	s this statement for the irectors, I hereby acce	e purpose of ept the appoi	changing its ntment as re	registered gistered	
~	m ramiliar who, and accept the boligation	ins dr. section 607.0000, Florida	a Statute	3.			<i>u</i> _ \ ~	04	ļ	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)							DATE	*		
12. OFFICERS AND DIRECTORS 13					ADDITIO	NS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE					☐ Change	Addition	
NAME	BISELI, RICHARD	SELI, RICHARD		. }				}		
STREET ADDRESS	5 ISLAND DRIVE		1.3 STRE	ET ADDRESS					}	
CITY-ST-ZIP	TREASURE ISLAND FL 1.4		1.4 CITY-	ST-ZIP						
TITLE	VS	· X DELETE	2.1 TITLE		<u> </u>			☐ Change	Addition	
NAME	SHEEHAN, DENNIS M		2,2 NAME	}					ļ	
AAAAA MERINAGEGAA GAM DI AGE			2.3 STRE	ET ADDRESS)	
CITY-ST-7IP	TY-ST-ZIP LARGO FL 2.4C			ST-ZIP						

3.3 STREET ADDRESS

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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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4.4 CITY-ST-ZIP

3.4. CTTY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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CALLAS

1705

J. ALFONSO 16TH

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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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4-10-99 813-262-2345

FILED

Apr 23, 1999 8:00 am Secretary of State

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