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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025165 (0)

TREASURES OF SILVER & GOLD INC.

Principal Place of Business	Mailing Address
12903 VILLAGE BLVD MADEIRA BEACH FL 33708 US	12903 VILLAGE BLVD. Madeira Beach FL 33708 US
Principal Place of Business 1	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State City & State 28 Zip Country Zip Country 24 25 29 9. Name and Address of Current Registered Agent

DONNELLY, PATRICK G SR 19111 VISTA BAY DR., #206 INDIAN SHORES FL 34635

	3. Date Incorporated or Qualified			_	
	03/31/1993				
	4. FEI Number	<u>-</u>	Applied For		
	59-3170022		Not Applicable	,	
	5. Certificate of Status Desired		\$8.75 Additional Fee Required	_	
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
	This corporation owes or has p Personal Property Tax due Jun		rrent year Intangible		
	10. Name and Address of New R	egistered	Agent	Ξ	
Name					
Street Addres	s (P.O. Box Number is Not Accepta	ble)		_	

Zip Code

FILED

Jan 23 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

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

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agent. I am ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and little if ap	plicable (NOTE	Registered Agent signature require	ed when reinstating)	DATE				
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR	S IN 12			
TITLE	Р	DELETE	1.1 TITLE		Change	Addition			
NAME	DONNELLY, PATRICK G SR		1,2 NAME						
STREET ADDRESS	19111 VISTA BAY DR., #206		1.3 STREET ADDRESS						
CITY-ST-ZIP	INDIAN SHORES FL		1.4 CITY-ST-ZIP						
TITLE	ST	DELETE	2.1 TITLE		Change	Addition			
NAME	DONNELLY, SALLY		2.2 NAME						
STREET ADDRESS	19111 VISTA BAY DR #206		2.3 STREET ADDRESS						
CITY-ST-ZIP	INDIAN SHORES FL		2. 4 ČITY-ST-ZIP						
TITLE	VP	DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME	GRZESLO, GERALDINE		3.2 NAME			ĺ			
STREET ADDRESS	10962 109TH ST. N.		3.3 STREET ADDRESS						
City-St-Zip	LARGO FL		3.4. CITY - ST - ZIP						
TITLE	VP	DELETE	4.1 TITLE		☐ Change	Addition			
NAME	Patrick K Donnelly Jr.		4. 2 NAME			ĺ			
STREET ADDRESS	19111 VISTA BAY DR #206		4.3 STREET ADDRESS			ļ			
CITY-ST-ZIP	INDIAN SHORES FL		4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS			ì			
CITY - ST - ZIP			5,4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
			= 1						

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 upplemental 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address. 14. I hereby certify that the information indicated on this annual report of officer or director of the corporate Block 12 or Block 13 if changes

SIGNATURE: