

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000088212 (4)**

1. Corporation Name

TREASURE CAY, INC.



Principal Place of Business

**9380 SUNSET DR
SUITE 180-B
MIAMI FL 33173**

Mailing Address

**9380 SUNSET DR
SUITE 180-B
MIAMI FL 33173**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**LYNCH, LOUISE
9380 SUNSET DR
SUITE 180-B
MIAMI FL 33173**

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
03/07/1995

4. FEI Number

65-0456308

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$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

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

(Print Name of Agent if signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE
DPS							
LYNCH, LOUISE							
9380 SUNSET DR SUITE 180-B							
MIAMI FL 33173							
☐ DELETE							
☐ DELETE							
☐ DELETE							
☐ DELETE							
☐ DELETE							
☐ DELETE							

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			

14. I, the undersigned, 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:

Louise Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
DATE

305 595 4314
TELEPHONE NUMBER

CR2E034 (12/95)