

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90145 015 ***150.00

DOCUMENT # P93000088584

1. Corporation Name

EARTHLY TREASURES BY CINDY D. ORTNER, INC.

Principal Place of Business

961 NW 45TH ST.
SUITE 2
POMPANO BEACH FL 33064
US

Mailing Address

961 NW 45TH ST.
SUITE 2
POMPANO BEACH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1993

4. FEI Number

65-0459006

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1034 S.W. Dubuque Ave.
Suite, Apt. #, etc.

22

City & State

23 Port St. Lucie, FL

Zip

24 34953

Country

25 St. Lucie

2a. Mailing Address

26 1034 S.W. Dubuque Ave.
Suite, Apt. #, etc.

27

City & State

28 Port St. Lucie, FL

Zip

29 34953

Country

30 St. Lucie

9. Name and Address of Current Registered Agent

CARMODY, CINDY D
961 NW 45TH ST.
SUITE 2
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

Cindy D. Carmody

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

1034 S.W. Dubuque Ave

83

City

Port St. Lucie

FL

85 Zip Code

34953

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

Cindy D. Carmody

Cindy D. Carmody

4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CARMODY, CINDY D
STREET ADDRESS 961 NW 45TH ST., STE. 2
CITY-ST-ZIP POMPANO BCH. 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

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 P ☒ Change ☐ Addition

1.2 NAME Cindy D. Carmody
1.3 STREET ADDRESS 1034 S.W. Dubuque Ave.
1.4 CITY-ST-ZIP Port St. Lucie, FL 34953

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Cindy D. Carmody

Date

Daytime Phone #

4/20/99 561-344-5135

CR2E034 (11/98)

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