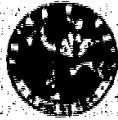


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000070311 (3)

1. Corporation Name

ELIZABETH ANN TREASURES, INC.

Principal Place of Business

Mailing Address

**5913 NORMANDY BLVD.
SUITE 7
JACKSONVILLE FL 32205**

**5913 NORMANDY BLVD.
SUITE 7
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

10/01/1994

9a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

4. FEI Number

59-3266429

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNS, PATRICIA A
10592 DOVE LANE
JACKSONVILLE FL 32215**

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 607.1608, 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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **JOHNS, PATRICIA A**
STREET ADDRESS **10592 DOVE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

1.1 TITLE **PRESIDENT & DIRECTOR** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **POTTER, BARBARA E**
STREET ADDRESS **1500 LANCASTER TERRACE #408**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

2.1 TITLE **VICE-PRESIDENT/SECRETARY/DIR** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **SMITH, FRANCIS P**
STREET ADDRESS **5913 NORMANDY BLVD. #7**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

3.1 TITLE **TREASURER & DIRECTOR** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Johns* **Patricia A. Johns**

4/17/95 **904-781-2866**