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Apr 08 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. ~~Ham~~ham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P94000070311 (3)

1. Corporation Name
ELIZABETH ANN TREASURES, INC.



Principal Place of Business 5822 5918 NORMANDY BLVD. SUITE 7 JACKSONVILLE FL 32205		Mailing Address 5822 5918 NORMANDY BLVD. SUITE 7 JACKSONVILLE FL 32205-6269		3. Date Incorporated or Qualified 10/01/1994	3a. Date of Last Report 03/27/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3266429	Applied For Not Applicable		
21. Sub, Apt. #, etc.	26. 5822 Normandy Blvd.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country	29. Country	30. Country			

9. Name and Address of Current Registered Agent JOHNS, PATRICIA A 10592 DOVE LANE JACKSONVILLE FL 32215		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 607.1508, 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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President, Director
NAME	JOHNS, PATRICIA A.	1.2 NAME	
STREET ADDRESS	10592 DOVE LANE	1.3 STREET ADDRESS	Same
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VPSD	2.1 TITLE	v/president Sec. Director
NAME	POTTER, BARBARAA E	2.2 NAME	
STREET ADDRESS	1560 LANCASTER TERRACE #408	2.3 STREET ADDRESS	Same
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRANCIS P	3.2 NAME	Smith, Francis P.
STREET ADDRESS	5918 NORMANDY BLVD. #7	3.3 STREET ADDRESS	5822 Normandy Blvd
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	JACKSONVILLE, FL, 32205
TITLE		4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LEILA E PAIS
STREET ADDRESS		4.3 STREET ADDRESS	1591 S. LANE AVE Apt 129W
CITY - ST - ZIP		4.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32205
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Patricia A Johns 3/24/97 904-781-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)