

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000070311 (3)**

1. Corporation Name  
**ELIZABETH ANN TREASURES, INC.**



Principal Place of Business <b>5913 NORMANDY BLVD.                  SUITE 7                  JACKSONVILLE FL 32205</b>	Mailing Address <b>5822 NORMANDY BLVD                  SUITE 7                  JACKSONVILLE FL 32205                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5822 Normandy Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address <b>5822 Normandy Blvd</b> Suite, Apt. #, etc.
22. <b>NONE</b>	27. <b>NONE</b>
23. <b>JACKSONVILLE FL</b>	28. <b>JACKSONVILLE FL</b>
24. <b>32205</b> 25. <b>Duval</b>	29. <b>32205</b> 30. <b>Duval</b>

3. Date Incorporated or Qualified <b>10/01/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3266429</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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)	<b>1591 S Lane Ave Apt 110W</b>
83	
84 City	<b>FL</b>
85 Zip Code	<b>32205</b>

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 Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNS, PATRICIA A</b>	1.2 NAME	
STREET ADDRESS	<b>10592 DOVE LANE</b>	1.3 STREET ADDRESS	<b>1591 S Lane Ave apt # 110W</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, BARBARA E</b>	2.2 NAME	
STREET ADDRESS	<b>1580 LANCASTER TERRACE #408</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, FRANCIS P</b>	3.2 NAME	
STREET ADDRESS	<b>5822 NORMANDY BLVD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAIS, LEILA E</b>	4.2 NAME	
STREET ADDRESS	<b>1591 S LANE AVE APT 129W</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Patricia A. Johns* Patricia A. Johns 3/22/98 904-701-2355

CR2E034 (10/97)