

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 13 1996 8:00 am
Secretary of State

DOCUMENT # P94000077980 (8)

TRESOR CORPORATION



Principal Place of Business: **7446 SOUTH U.S. HIGHWAY 1 PORT ST. LUCIE FL 34952**
 Mailing Address: **7446 SOUTH U.S. HIGHWAY 1 PORT ST. LUCIE FL 34952**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 01/19/1996
21	22	26	27	4. FEI Number 65-0544361	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHAPIN, RALPH 7446 SOUTH U.S. HIGHWAY 1 PORT ST. LUCIE FL 34952				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ Signature, typed or printed name of registered agent and fee (applicable) (NOTE: Registered Agent signature required when reinstating) _____ Date _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PV	<input type="checkbox"/> DELETE		11 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPIN, RALPH			12 NAME	CHAPIN, RALPH		
STREET ADDRESS	7446 SOUTH U.S. HIGHWAY 1			13 STREET ADDRESS	7446 SOUTH US HIGHWAY 1		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			14 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE	STD	<input type="checkbox"/> DELETE		21 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPIN, RALPH			22 NAME	MOORE, TERRANCE		
STREET ADDRESS	7446 SOUTH U.S. HIGHWAY 1			23 STREET ADDRESS	7446 SOUTH US HIGHWAY 1		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			24 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				32 NAME	MOORE, L. JAYNE		
STREET ADDRESS				33 STREET ADDRESS	7446 SOUTH US HIGHWAY 1		
CITY-ST-ZIP				34 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME	CHAPIN, GABRIELE O.		
STREET ADDRESS				43 STREET ADDRESS	7446 SOUTH US HIGHWAY 1		
CITY-ST-ZIP				44 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Ralph Chapin, President* **RALPH CHAPIN, PRES.** 7 JUN 96 407-340-0477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)