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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000077980 (8)

1. Corporation Name
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 34952-1417

3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 06/13/1996
4. FEI Number 65-0544361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent CHAPIN, RALPH 7446 SOUTH U.S. HIGHWAY 1 PORT ST. LUCIE FL 34952	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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT CHAPIN, RALPH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7446 SOUTH U.S. HIGHWAY 1	1.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MOORE, TERRANCE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7446 SOUTH US HIGHWAY 1	2.2 NAME	
STREET ADDRESS	PORT ST LUCIE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD MOORE, JAYNE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7446 SOUTH US HIGHWAY 1	3.2 NAME	
STREET ADDRESS	PORT ST LUCIE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD CHAPIN, GABRIELE O	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7446 SOUTH US HIGHWAY 1	4.2 NAME	
STREET ADDRESS	PORT ST LUCIE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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: *Ralph Chapin* RALPH CHAPIN, TREASURER 14 JAN 97 561-340-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)