

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

10/2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP -8 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083516

1. Corporation Name
TREASURE TROVE PRODUCTIONS, INC.

Principal Place of Business Mailing Address - SAME
30334 OVERSEAS HWY
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified NOV. 16 - 1994 3a. Date of Last Report JAN 3, 1997

4. FEI Number 65-0535171 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 30334 OVERSEAS HWY	26 30334 OVERSEAS HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 BIG PINE KEY - FL	28 BIG PINE KEY FL
Zip Country	Zip Country
24 33043 25 MONROE	29 33043 30 MONROE

9. Name and Address of Current Registered Agent

LYNNE HANKINS - FIELDER
19980 OVERSEAS HWY
SUGARLOAF KEY FL 33042

10. Name and Address of New Registered Agent

81 Name	82 Street Address / P.O. Box Number (is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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.

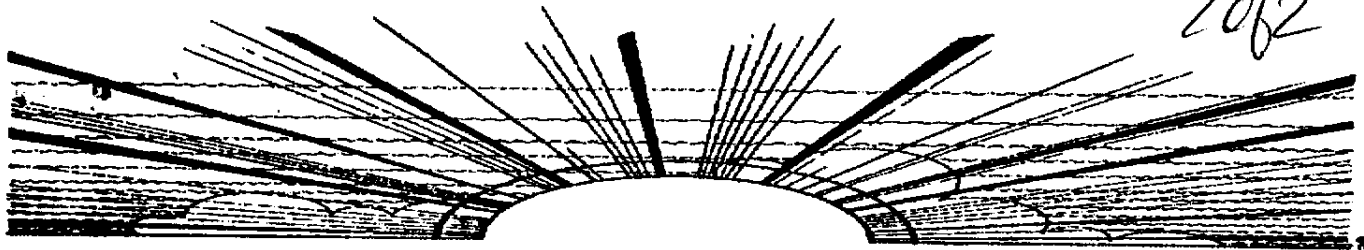
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DIANE A. MONTI V.P. / S/T
STREET ADDRESS		1.3 STREET ADDRESS	2056 CORAL WAY
CITY - ST - ZIP		1.4 CITY - ST - ZIP	BIG PINE KEY - FL - 33043
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	8000002288598-6
STREET ADDRESS		3.3 STREET ADDRESS	-03/10/97--01046--004
CITY - ST - ZIP		3.4 CITY - ST - ZIP	****175.00 ****175.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: DIANE A. MONTI 9/4/97 (305) 872-0106

CR2E034 (9/96)



Lower Keys Barometer

30334 Overseas Hwy. * Big Pine Key, Fl. 33043 * (305)872-0106 * Fax (305)872-0530

9-5-97

Division Of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

To Whom It May Concern:

We are again sending the paper work to renew our corporation. All of this was sent to you back in July after you sent the first package to the wrong address. When we called this time to inquire about the loss of our paper work, our address in your computer had not been changed to the correct one even though we were told in July that the correction was being made.

We have enclosed copies of the letter and the check sent in July that were lost, as well as the new paper work and a new check. We would like confirmation of the receipt of the new paper work and check and the reinstating of our corporate status A.S.A.P. The lack of this has held up all of our plans for expansion of our business.

Your fast and immediate attention to this will be greatly appreciated!

Yours,


Keith E. Monti