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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036039 (2)

1. Corporation Name

TREASURE ISLAND PROPERTIES, INC.



Principal Place of Business

3003 SE 25 ST
OKEECHOBEE FL 34974

Mailing Address

3003 SE 25 ST
OKEECHOBEE FL 34974

2. Principal Place of Business

2a. Mailing Address

21 3651 HWY 441 SE.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 OKEECHOBEE FL

28 City & State

24 34974

29 Zip Country

25 OKEECHOBEE

30 Zip Country

9. Name and Address of Current Registered Agent

HALL, JIMMY G
3003 SE 25 ST
OKEECHOBEE FL 34974

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 607.1505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when filing change)

DATE

3/13/96

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME HALL, JIMMY G
STREET ADDRESS 3003 SE 25 ST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE STD ☐ DELETE

NAME HALL, BETTY G
STREET ADDRESS 3003 SE 25 ST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE VD ☐ DELETE

NAME GRIFFIN, RUSSELL J
STREET ADDRESS 1571 SW 13 PL
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMY G. HALL

3/13/96 (941) 7638348

DATE

DAYTIME PHONE #

CR2E034 (12/95)