FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary I State DIVISION OF CORPORATIONS 1996 P95000056039 (7) **DOCUMENT #** Corporation Name SECRET TREASURES INC. Mailing Address Principal Place of Business 727 N LAKE BLVD 727 N. LAKE BLVD NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 3. Date Incorporated or Qualified 07/18/1995 3a. Date of Last Report 65-061025 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suit∈, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζφ ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOLMES, JUDITH L Street Address (P.O. Box Number is Not Acceptable) 82 727 N LAKE BLVD **NORTH PALM BEACH FL 33408** 83 Zip Code 85 City 84 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: Repassive): Alient set after required wh CR2E034 (12/95) ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Home TOD 12. TITLE 1.2 NAME NAME 727 No. LAKE BLUD. 1.3 STREET ADDRESS STREET ADDRESS 33408 BEACH, FL. 1.4 CHTY - ST - ZIE CiTY-S1-7iP Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 O(IY-SI-ZIC CITY-ST-ZIP Addition Change DELETE 3 1 THEF TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - S1 - ZIP CITY-ST-Z-P 400001774684 -04/10/96--01005--005 DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ACCRESS ***200.00 STREET ADDRESS 4.4 CHY - ST - ZIF CITY-ST-ZIP Change ☐ Addition DELETE 5 | TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY - ST - ZIP CITY-ST-2IP Change ☐ Addition

14. Ido 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 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 certify 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

6 1 11116

6.2 NAME

6.3 STREET ADDRESS

64 CHY - ST- ZIP

SIGNATURE:

THILE

NAME

STREET ADDRESS

DELETE

0 2.08.96, 407 848.811)