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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000037152**1. Corporation Name

CHARITY'S TREASURES, INC.

Principal Place of Business	Mailing Address
2000 50TH TERRACE S.W.	2080 50TH TERRACE S.W.
NAPLES FL 34116	NAPLES FL 34116
US	US

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90268 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/25/1996

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 °/6 R	ichard Gorga	26 40 Richard	GORGA	65-0674294	Not Applicable	
Suite, Apt.	#, etc:	Suite, Apt. #, etc.	N. #301	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22 3435		27 29 25 10 57.	10, 201	A Studio Consider Singuistic		
City & State	<i>M</i> .		L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 NAP	7/ E7	Zip Naples F	Country			
Zip	Country 75 V5A	□ 7.1109 □	1 (1 - 1	This corporation owes the current year In Personal Property Tax.	Yes No	
24 3411	0 3 25 V 3 A	<u> </u>	(V) PM	10. Name and Address of New Registered		
3. Maille and Address of Cantent (togletores rigger						
PROVANCAL, DELORES J				81 Name Delores Provancel To Richard Gorga		
2080 50TH TERRACE S.W.			Street Address (P.O. Box Number is Not Acceptable) 3435 10+h Street North #301			
NAPLES FL 34116			83	135 TO W STREET COLLIN		
1471 CLO 1 E 04110						
			84 City	Nonles FL	85 Zip Code 34103	
14. D						
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PVTS	DELETE	1.1 TITLE	N75	☑ Change	
	PROVANCAL, DELORES J	_	1,2 NAME		ed Gorge	
NAME	2080 50TH TERRACE SW		1.3 STREET ADDRESS	PROVANCAL, DELORES I. Go Richard 3435 10th Street North #36		
STREET ADORESS	NAPLES FL		1.4 CITY-ST-ZIP	NADJES, FL 34103	' '	
CITY-ST-ZIP	NAPLES PL		2.1 TITLE	NEDITS, 12 91103	☐ Change ☐ Addition	
TITLE		_ DEEE IE	2.2 NAME			
NAME			2.3 STREET ADDRESS			
STREET ADDRESS			-			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
TITLE		C OLLEN	3.2 NAME			
NAME					ļ	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		□ per etc	3.4. CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition	
TITLE	\$ 15 M 10 35 W 15 W	☐ DELETE	4.1 TITLE		C Sugardo C Volution	
NAME	State		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		1	
CITY-ST-ZIP		[7] Act eve	4.4 CITY-ST-ZIP	4 B	Change Addition	
TITLE	A Strategic Control	. , 🗋 DELETE	5.1 TITLE		□ Crianiãe □ Vocinon	
NAME			5.2 NAME		,	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	-1,0-1		5.4 CITY-ST-ZIP		Change C Addition	
TITLE		☐ DÉLETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		ľ	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
44 (25 At 14 At 15 At	. this filles does not succifie for the	a avametian state	d in Section 119.07/3\/i\ Florida Statutes, I further ce	rtiby that the intermation	

I 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 changes, or one attachment with appears, with all other like empowered.