FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00							APPROVED			
·COI	PROFIT RPORATION JAL REPORT 1997 FLORIDA DEPARTM Sendra B. N Secretary of DIVISION OF COR			. Morth	lorthām i Štate + 4		ATE 97 JUL 10	97 JUL 10 AM 8: 58		
DOCUMENT # P96 0000 \$8780										
Treasure Coast Trading Company, Inc.							SECRETARY TAILLAHASSEI	FLORIDA		
Principal Place of Business Mailing Address										
4100 N. A-1-A, #132 Same Ft. Pierce, FL 34949							Date Incorporated or Qualified	3a. Date of Last	Report	
							05/01/96	N/A		
	Place of Business N. A - I - A		ailing Address	7-1-1	a		4. FEI Number Applied For	 	Applied For Not Applicable	
Suite, Apt	#, etc.	Si	uite, Apt. #, etc.	1	•		Certificate of Status Desired	□ \$8.75	Additional	
2 /32 City & Stat	e		/32 ity & State				6. Election Campaign Financing	Fee I	Required May Be	
3 F4 , F	ierce FL Country	28 /- / Zi	7. Pierce,	FL	intro		Trust Fund Contribution	ebbA 🔲	to Fees	
3494	9 25 43	A 29 3	4949		ISA		······································	Yes No	s. 199.032,	
01.	9. Name and Addre	ss of Current Register	ed Agent		81 Name	1	O. Name and Address of New F	ogistered Agent		
_					82 Street A	Address	(P.O. Box Number is Not Accept	able)		
4100 N. A-1-A, # 132 Ft. Pierce, FL 34949					83		400 <u>00</u> 2	231332. 79701052-	1	
F+·	Pierce, FL	34447			84 City			65.00 (数件数)	155 OU	
11. Pursuant	to the provisions of Sect	ions 607.0502 and 607.	1508. Florida Statut	es, the al	nove-named o	corpora	tion submits this statement for the	FL nurpose of changing	ils registered	
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	Signature, typed or printed name	of registered agent and title if ag	onicable (NOT	F: Rog store	d Agent signature n	required w	han injustation	DATE		
12.	01	FICERS AND DIRECTO	ORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	r	
TITLE NAME	Dharles E. Nor		DELETE	1.1 TI 1.2 N/				L Change	Addition	
STREET ADDRESS	4100 N. A.I.A.	#/32			REET ADDRESS					
CITY-ST-ZIP	m 3.5. El	34946	- Courte	_	TY-ST-ZIP					
TITLE NAME	DLinde T. N 400 N. A-1-1 Ft. Piene F	orburn	DELETE	2 1 TG 2 2 N/				L Change	L Addition	
STREET ADDRESS	4100 N. A-1-1	1,#132			REET ADDRESS					
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CITY-ST-ZIP TITLE			DELETE	3.4. C	11Y - \$1 - 7IP			Change	Addition	
NAME #			Car occur	4. 2 N				onlinge	Addition	
STREET ADDRESS				4.3 ST	REFT ADDRESS					
CITY-\$7 <u>-Z</u> IP TITLE			☐ DELETE	4.4 CI 5.1 TI	IY-SI-ZIP			☐ Change	Addition	
NAME			been	5.1 W			_		Addition	
STREET ADDRESS				5.3 ST	REET ADDRESS		A 11	10		
CITY - ST - ZIP			DELETE		IY-\$1-7/P		[] [] [] [] [] [] [] [] [] [] [] [] [] [(WC	Addition	
title Name			☐ DELETE	6.1 Til 6.2 NA			2/1	Change	Addition	
STREET ADDRESS					REET ADDRESS		7//4	19+		
CITY - ST - ZIP		10 10 10 10 10 10 10 10 10 10 10 10 10 1	W		TY-ST-ZIP		0	/ ' '		
14. I do here! informatio	by certify that the information indicated on this annu-	ition supplied with this f al report or supplement	iling does not quali al annuat report is t	rue and a	exemption sta occurate and t	tated in t I that my	Section 119.07(3)(i), Florida Statul signature shall have the same leg	es. I further certify tha pal effect as if made u	it the nder oath; that	

5-28-1997 (561)465-3342