

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

FILED
Jun 30 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # P96000038780 (8)
 1. Corporation Name
TREASURE COAST TRADING COMPANY, INC.



Principal Place of Business: **4100 NORTH A-1-A STE 132 FORT PIERCE FL 34949**
 Mailing Address: **4100 NORTH A-1-A STE 132 FORT PIERCE FL 34949**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
05/01/1996

2. Principal Place of Business

21 117 Queen Bess Ct	2a. Mailing Address 117 Queen Bess Ct
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Ft. Pierce, FL	28 City & State Ft. Pierce, FL
24 Zip 34949	29 Zip 34949
25 Country USA	30 Country

4. FEI Number
APPLIED FOR- 65-083-2309

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
NORBURN, CHARLES E
4100 NORTH A-1-A STE 132
FORT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 117 Queen Bess Ct.
83
84 City Ft. Pierce FL 85 Zip Code 34949

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

TITLE	D <input type="checkbox"/> DELETE
NAME	NORBURN, CHARLES E
STREET ADDRESS	4100 NORTH A-1-A STE 132 117 Queen Bess Ct.
CITY-ST-ZIP	FORT PIERCE FL 34949
TITLE	D <input type="checkbox"/> DELETE
NAME	NORBURN, LINDA T
STREET ADDRESS	4100 NORTH A-1-A STE 132 117 Queen Bess Ct.
CITY-ST-ZIP	FORT PIERCE FL 34949
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7000002577847
5.3 STREET ADDRESS	-07/01/98-01028-049
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

A.R. Le129

14. 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 changed, or on an attachment with an address.

SIGNATURE: *Charles E. Norburn* **4/30/98** **561-465-3342**

CFR2E034 (10/97)