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

CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000054000 (0)

TIMELESS TREASURES OF TAMPA, INC.

Principal Place of Business Mailing Address 2305 W LINEBAUGH AVE 2305 W LINEBAUGH AVE TAMPA FL 33614 TAMPA FL 33614 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3386023 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SULLIVAN, LEROY W 2305 W LINEBAUGH AVE 82 No Longer With US **TAMPA FL 33614** 83 84 City 3361 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. halles W Booth enew Agent) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition THLE 1.1 TITLE **BOOTH, CHARLES W** 1.2 NAME NAME 8026 N HABANA AVE STREET ADDRESS 13 STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP 1.4 CITY-ST-7)P DELFTE TITLE 21 TITLE Change Addition NAME KEILLOR, ROBERT A 2.2 NAME 10504 N OTIS STREET ADDRESS 2 3 STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP 2.4 CITY-ST-ZIP noitibhA TITLE 3.1 UILE HURT NAME TAYLOR, DIANE J 3.2 NAME 6316 Eagle BROOK AVE 1904 1/2 BRISTOL AV STREET ADDRESS 3.3 STREET ADDRESS onger With US TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP 2000024280**P<sup>2000</sup>** -02/11/98--01088--002 DELETE

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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

6.1 TITLE

62 NAME

**6.3 STREET ADDRESS** 

Mareles 111 Rooth

\*\*\*150.00

FILED

Feb 11 1998 8:00am

Secretary of State