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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAMÉ

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000062403 (6)

REDEEMED TREASURES, INC.

11000	The trial to the or the or							
Principal Place of Business Mailing Address					4 LABITADA TAR ERAND BANTA BOTAN BOTAN BOTAN BOTAN BUTAN			
771 APPLEBY ST 771 APPLEBY ST BOCA RATON FL 33487 BOCA RATON FL 33487								
J COOM (III.)		DOWN INVOICE E GOVE			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified			
L					07/24/1996			
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	oplied For	
21		26			65-0688835	N	lot Applicable	
Suite, Apt	t.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired	
City & Ste	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country 25	Zip 29	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHALKER, FRED 771 APPLEBY ST BOCA RATON FL 33487			81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
			83					
			84	City	FL	•	Code	
11. Pursuan office or agent. I	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o	.0502 and 607.1508, Florida Sta tutes State of Florida. Such change was au ibligations of, Section 607.0505, Flor	s, the above ithorized by ida Statutes	named cor the corpora	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	f changing i pointment as	its registered s registered	
SIGNATURE								
				agistored Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	CHALKER, FRED		1.2 NAME					
STREET ADDRESS				DDDCCC				
1			1.3 STREET A	· 1				
CITY-ST-ZIP	BOOK FATON PL 33467			- 2117	17 5	Change	Addition	
NAME		ت مدراد	2.1 TITLE 2.2 NAME		V.P.	La Change	A NOOHION	
STREET ADDRESS			2.2 NAME 2.3 STREET A	DOBESS	MARY CHALKER			

6.4 CITY-ST-ZIP 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 Block 12 or Block 13 in the properties 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 in the properties 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 in the properties 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 in the properties 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 in the properties of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

2. 4 City-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 City-ST-ZIP

3.4. CITY - ST- ZIP

3.1 TITLE

3.2 NAME

4.1 JITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

MARY CHALKER

BOCA RATON

3/20/98

33487

FILED

Mar 25 1998 8:00am

Secretary of State

Addition

Addition

Addition

Addition

Change

Change

Change