


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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000085177 1. Corporation Name <p style="text-align: center;">ANO TREASURE, INC.</p>					
Principal Place of Business		Mailing Address			
2. Principal Place of Business 21 305 B WEST VENICE Suite, Apt. #, etc. 22 City & State 23 VENICE FL Zip 24 34285		2a. Mailing Address 26 46 N. WASHINGTON BLVD. Suite, Apt. #, etc. 27 SUITE 1 City & State 28 SARASOTA FL Zip 29 34236		3. Date Incorporated or Qualified 10/15/96 3a. Date of Last Report N/A 4. FEI Number 65-0731148 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
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.			81 Name WEINER, NEVIN A.		
			82 Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., #1		
			83		
			84 City SARASOTA FL		
85 Zip Code 34236			DATE 4/14/97		
SIGNATURE <i>Nevin A. Weiner</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			D,P,S,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OHANA, HAIM 305 B WEST VENICE VENICE FL 34285		
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002156752 -04/28/97--01082--020 ***165.00		
14. I do 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 contained 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: <i>Haim Ohana</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HAIM OHANA, President			(941) 484-4576 Date Daytime Phone #		

CR2E034 (9/96)