

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085375 (9)
1. Corporation Name:

AFFORDABLE TREASURES, INC.

Principal Place of Business:

Mailing Address:

528 Crystal Drive 528 Crystal Drive
Madeira Beach, FL 33708 Madeira Beach,
FL 33708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated or Qualified
21	26	10-14-96
22	27	4. FEI Number
23	28	59-3401476
24	29	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
25	30	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

10. Name and Address of New Registered Agent

SHAFER, SARA J
528 CRYSTAL DRIVE
MADEIRA BEACH, FL 33708

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when appointing)

Signature of Registered Agent (Required when appointing)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY- ST- ZIP	14 CITY- ST- ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY- ST- ZIP	24 CITY- ST- ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY- ST- ZIP	34 CITY- ST- ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY- ST- ZIP	44 CITY- ST- ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY- ST- ZIP	54 CITY- ST- ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY- ST- ZIP	64 CITY- ST- ZIP

14. I hereby certify that the information supplied in 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 supplement to 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 that I am a duly authorized person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing or in an attachment with an address.

SIGNATURE:

Sara J. Shaffer, President

April 17, 1998

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

DATE

DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)