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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90016 024 \*\*\*150.00

## DOCUMENT # P96000085375

AFFORDABLE TREASURES, INC.

Principal Plac	ce of Business	Mailing Ad	dress					
528 CRYSTAL DRIVE MADERIA BEACH FL 33708			528 CRYSTAL DRIVE MADERIA BEACH FL 33708			DO NOT WRITE IN THIS SPACE		
						DO NOT WRITE IN THIS SPACE		
•						3. Date Incorporated or Qualifed 10/14/1996		
		1 - 11.00	A 44			4. FE! Number Applie	d For	
2. Principal F	Place of Business	<u> </u>	2a. Mailing Address					
il		26				59-3401476   Not Applicabl		
Suite, Apt. #, etc.		— ·	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
22		27 City &	State					
	te	<u></u>	State			6. Election Campaign Financing \$5.00 Ma  Trust Fund Contribution Added to F		
23 Zin	Country	28 Zip		Count		This corporation owes the current year Intangible		
Zip	_ `	`	3	_,	.,	Personal Property Tax.	No	
24	9. Name and Address of Curren	29		7		10. Name and Address of New Registered Agent	-:	
	9. Name and Address of Curren	it Negistered A	Bein		1 Name			
SHAFFER, SARA J 528 CRYSTAL DRIVE MADERIA BEACH FL 33708						SARA J. GALLAUGHER _		
				8	2 Street	Address (P.O. Box Number is Not Acceptable)		
				-	1 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	28 CRYSTAL DRIVE		
				١	$^{\circ}$ $M$	ADEIRA BEACH		
				8	4 City	85 Zip Cod	e	
						corporation submits this statement for the purpose of changing its reg	08_	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such	change was auti	norizea D	ov ine como	oration's board of directors. I hereby accept the appointment as regist	ered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	. (NOTE: Re	egistered A	ent signature r	required when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TTILE	P		DELETE	1.1 TITLE	:	SARA J. GALLAUGHER Thange	Addition	
NAME	SHAFFER, SARA J			1.2 NAM	E	SITION S. GHOMAGITCH		
STREET ADDRESS	528 CRYSTAL DRIVE	`\		1.3 STRE	EET ADDRESS			
CITY-ST-ZIP	MADEIRA BEACH FL 33708			1.4 CITY	-ST-ZIP			
TITLE		` `	☐ DELETE	2.1 TITLE	:	☐ Change	Addition	
NAME	1			2.2 NAM	E			
STREET ADDRESS	5			2.3 STRI	ET ADDRESS			
CITY-ST-ZIP				2,4 CIT	-ST-ZIP			
TITLE			DELETE -	3.1 TITLI		Change [		
NAME	1			3.2 NAM	_		Addition	
STREET ADDRESS	,				L	,	Addition	
CITY-ST-ZIP					EET ADDRESS		Addition	
G17.01-70	3			33 STRE	EET ADDRESS		Addition	
	3		□ DELETE	3.3 STRE	ET ADDRESS		Addition	
TITLE			DELETE	3.4. CITY 4.1 TITL	EET ADDRESS -ST-ZIP	Change	<b>-</b> ,	
TITLE NAME		,	DELETE	3.4. CITY 4.1 TITU 4.2 NAM	EET ADDRESS '-ST-ZIP E	☐ Change	<b>-</b> ,	
TITLE		, ,	DELETE	3.3 STRE 3.4. CITV 4.1 TITU 4. 2 NAM 4.3 STRE	EET ADDRESS -ST-ZIP	☐ Change	<b>-</b> ,	

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

☐ DELETE

Addition

Addition

☐ Change

Change