

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085712 (3)
1. Corporation Name
TREASURED GIFTS & COLLECTIBLES, INC.



Principal Place of Business: 1954 SOUTH CONWAY STREET #10 ORLANDO FL 32812
Mailing Address: 1954 SOUTH CONWAY STREET #10 ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 751 WILL BARBER RD, 22, 23 KISSIMMEE, FL, 24 32844, 25 USA
2a. Mailing Address: 26 751 WILL BARBER RD, 27, 28 KISSIMMEE, FL, 29 32744, 30 USA

3. Date Incorporated or Qualified: 10/15/1996
4. FEI Number: 59-3406727
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: CALVEN, ANNE, 1954 SOUTH CONWAY STREET #10, ORLANDO FL 32812
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 751 WILL BARBER RD, 83, 84 City: KISSIMMEE, FL 85 ZIP Code: 32744

11. Pursuant to the provisions of Sections 607.07(2) and 607.150, 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.

SIGNATURE: ANNE CALVEN 4/13/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CALVEN, ANNE	1.2 NAME	
STREET ADDRESS	1954 SOUTH CONWAY STREET #10	1.3 STREET ADDRESS	751 WILL BARBER RD
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	KISSIMMEE, FL 32744
TITLE		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANNE CALVEN 4/13/98

CR2E034 (10/97)

(407) 846-2889
4/13/98