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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State ▼
DIVISION OF CORPORATIONS

DOCUMENT # P9700008614 (4)

TREASURED ITEMS INC.

										-{	
Principal Place of Business Mailing Address											
5000 TAMIAMI TRAIL 5000 TAMIAMI TRAIL											
CHARLOTTE HARBOR FL 33980				CHARLOTTE HARBOR FL 33980						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified				
										01/23/1997	
2. Principal Pi	ace of Busin	ness		2a. Maili	ing Address					A FEI Number	
21				26 25245 ZUDIAC LANE				-		65-0726857 Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				_		S8.75 Additional		
22			27						5. Certificate of Status Desired Fee Required		
City & State	<del></del>				& State		<u></u>			6. Election Campaign Financing \$5.00 May Be	
23		28 Printa Gorda, Florida				۲1	da	Trust Fund Contribution Added to Fees			
Zip		Count	ry	Zψ	_	C	ountry			8. This corporation owes or has paid the current year Intangible	
24		25		29 33	983	30				Personal Property Tax due June 30. Yes No	
	9. Name	and Addr	ess of Current	Registered	Agent					10. Name and Address of New Registered Agent	
SILI	BERMAN,	AUDREY					81	١	Vame		
25245 ZODIAC LANE							82 Street Addre			ess (P.O. Box Number is Not Acceptable)	
PUNTA GORDA FL 33983										(	
							63				
•							84	-	City	85 Zip Code	
							64	١,	JILY .	FL   S   Z   D   C   C   C   C   C   C   C   C   C	
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. SIGNATURE											
SIGNATIONE	Signature, typico	for philodina	nc of registered agent	<b>առն ե⊪ Վ ո</b> րթե	4) alde:	NOTE: Registe	ored Age	n' s	signature required	od when reinstating) DATE	
12.			OFFICERS AND	DIRECTOR		13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	_	eside			☐ DELETE	1.1	TITLE		ļ	L_] Change	
NAME SILBERMAN, AUDREY				1.2 NAF			NAME		- 1		
STREET ADDRESS 25245 ZODIAC LANE .							STREET	ADI	DRESS		
CITY-ST-ZIP	PUNTA	boiden	1.4			I.4 CITY - ST - ZIP		ZIP			
TITLE	MAKY	FEL	DMAN		☐ DELETE	2.1	TITLE			Change Addition	
NAME	254	Wes	7 515th S	TREET		2.2	NAME				
STREET ADDRESS	110.0	بيدا	NY. 10	n a		2.3	STREET	AD	DRESS		
CITY-\$T-ZIP	New	10 K K	, ~ /. 10	017	DELETE		4 CITY - S	ST-	ZIP	Change Addition	
TITLE					☐ DELETE		TITLE			L. Change L. Addition	
NAME							NAME				
STREET ADDRESS							STAEET				
CITY-ST-ZIP					Driete		I. CITY-S	SI-	ZIP	Change Addition	
TITLE	J				☐ DELET€		TITLE			Citalige C Audulon	
NAME							2 NAME				
STREET ADDRESS						4.3	STREET	AD	DRESS		
CITY-ST-ZIP					T SELETE		CITY-S	31-2	ZIP	☐ Change ☐ Addition	
TITLE					DELETE		TITLE		i	Change Nontroll	
NAME							NAME				
STREET ADDRESS							STREET		1		
CITY-ST-ZIP				<del></del>	Driete		CITY-S	šT - Z	ZAP	☐ Change ☐ Addition	
TITLE					DELETE		TITLE			☐ Change ☐ Addition	
NAME							NAME				
CTREET ADDRESS						6.3	STREET	(AD	idress I		

14. 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.