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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000019107 (6)

GLOBAL TREASURES, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		- I INSTITUTE IN INTITUTE IN TAIL TAIL OF IN THE	in Balan iliala taran ilah dayun Jaan 1881
113 CYPRESS		113 CYPRESS DRIVE			
Minn		ANTIVIPORTATION .		DO NOT WRITE	IN THIS SPACE
	LATKA	E. PALATKA		3. Date Incorporated or Qualified	III III SI ACE
FLOR	RIDA-32131	FLORIDA-	32131	02/24/1997	
	Place of Business	2a. Mailing Address	<del>-</del>	4. FEI Number	Applied For
21 CORP	CRATION 15	26 DOING	<u> </u>		Not Applicable
22 60/N	6. To Be	Suite, Apt. #, etc.	sives 5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	sx-ved/	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	a. This corporation owes or has pai	
24	25	29	10	Personal Property Tax due June	
	9 Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
	lşon, hệlen e		81 Name		)
	DONACH INTERNAL		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
SAAMAANISKNAKACOO					
·* <b>*</b> 1	3 CYPRESS. DRIV	E	B3		ļ
E	, PALATKA, FLA-S	32 (3	84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the above-named corp	oration submits this statement for the p	
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	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating)	DATE
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, HELEN E	OHE ADDRESS	1.2 NAME		3
STREET ADDRESS	1 12040 11 11200 21212	olle unditers	1.3 STREET ADDRESS		
CITY-ST-ZIP	ANNIBORTURUALIAN	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	ADMICAUM PAPES	becen	2.1 TITLE		Change Addition
NAME STREET ADDRESS	112 CYPRESS DRIVE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	PALA 2005 FL 32131		2 4 CITY-ST-ZIP		
TITLE	11.0	DELETE	3.1 TITLE		Change Addition
NAME		<b></b> -	3.2 NAME		_ • -
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		j
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE :		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE1 ADDRESS		į
CITY-51-ZIP		DELETE	5.4 CiTY - ST - ZIP		Change Addition
TITLE		יין טנינונ <u>יין טנינונ</u>	6.1 TITLE		C Change C Audition
NAME CONCER			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	Learning that the information supplied wit	h this filing does not qualify for	■ 6.4 CITY-ST-ZIP the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I i	further certify that the information
indicated	on this annual report or supplemental	annual report is true and accur	ate and that my signatur	e shall have the same legal effect as if ired by Chapter 607, Florida Statutes; a	made under oath; that I am an I
Block 12 of Block 13 if changed, or on an attachment with an address.					

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