

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

FILED

Jun 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra R. Northington  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 97000052.577

TREASURE COAST SOLUTIONS, INC

Principal Place of Business Mailing Address

225 SW CABANA POINT CIR  
STUART FL  
34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number 65-0833855 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No 15th 19 DUE

8. Principal Place of Business 8a. Mailing Address

81 225 SW CABANA PT CIR

8a Suite, Apt. #, etc.

82 Suite, Apt. #, etc.

83 City & State

83 STUART FL

87 City & State

88 City & State

89 Zip

89 34994

89 Country

89 USA

89 Zip

89 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Florida Incorporators, Inc  
1221 BRICKELL AVE, Suite 900  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

85 Zip Code

11. Pursuant to the provisions of Sections 607.0506 and 607.1606, 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 607.0606, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when relinquishing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP 225 SW CABANA PT CIR  
Dennis Johnson, President  
STUART, FL, 34994 ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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(2)(b), 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: Dennis Johnson

April 08, 1998 561 985 8600

Dennis Johnson