## 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 # P97000087317 (8)

TREASURES AND DOLLS. INC. Principal Place of Business Mailing Address 518 INDIAN ROCKS ROAD 518 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770 BELLEAIR BLUFFS FL 33770 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes **⊠** No 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHAW, MILTON F **518 INDIAN ROCKS ROAD** Street Address (P.O. Box Number is Not Acceptable) 82 **BELLEAIR BLUFFS FL 33770** 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or punted name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE ☐ Change n 1.1 TITLE TITLE SHAW, MILTON F NAME 1.2 NAME STREET ADDRESS **518 INDIAN ROCKS ROAD** 1.3 STREET ADDRESS **BELLEAIR BLUFFS FL 33770** 1.4 CITY-ST-ZIP CITY-ST-ZIP

DELETE

SHAW, MARILYN B NAME 2.2 NAME 1460 GULF BLVD. #103 STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL 33767 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE SHAW, MILTON F JR. 3.2 NAME NAME 1460 GULF BLVD. #305 STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL 33767** CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

2.1 TITLE

14. Thereby 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 open attachment with an address.

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TITLE

MUTAN C C

3/24/96

Addition

Change

**FILED** 

Mar 27 1998 8:00am

Secretary of State