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PROFIT **CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091097 (0)

1	Principal Place of Business	Mailing Address
-	18125 SWAN LAKE DRIVE LUTZ FL 33549	18125 SWAN LAKE DRIVE LUTZ FL 33549

FILED May 22 1998 8:00am Secretary of State

KAY'S TREASURES, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/23/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζίρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DACKO, KAY L 18125 SWAN LAKE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LUTZ FL 33549 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE **PVST** TITLE 1.1 TITLE NAME DACKO, KAY L 12 NAME STREET ADDRESS 18125 SWAN LAKE DRIVE 1.3 STREET ADDRESS LUTZ FL 33549 CITY-ST-7IP 1.4 C/TY - ST - 7/P DELETE 2.1 TILLE Change Addition TITLE DACKO, KAY L 2.2 NAMÉ NAME 18125 SWAN LAKE DRIVE 2.3 STREET ADDRESS STREET ADDRESS LUTZ FL 33549 CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 7171.8 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this (ling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report officer or director of the corporat report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an asted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the