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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000098805**1. Corporation Name

TREASURE COAST MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address					T LADICABLE (AN IPHIS 1003) OFFICE MAINT NOTING VEIN TOLDS 18112 OFFIS OFFIS OFFI
10010 S FEDERAL HWY		10010 S FEDERAL HWY			•
STE 6	AC FIVE	STE 6			
PORT ST. LUCIE FL 34952		PORT ST. LUCIE FL 34952			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					11/17/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0807320 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		27			47.00
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28	C	ha.	
Zip	Country	Zip	Count	ıry	8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	29 30	<u> </u>		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Currer	it Registered Agent	5	31 Name	
IUHI	NSON IAMES E		`	- Johns	on James E.
JOHNSON, JAMES E 3026 S.E. FARLEY RD.			1	32 Street Add	Iress (P.O. Box Number is Not Acceptable)
	T ST. LUCIE FL 34952		-	<u> </u>	s. E. Overbrook Dr
FUN	1 31. EUGIE PL 34932		ľ	23	<u></u>
			1	B4 Gity S	85 Zip Code
				16-1 >	7. Lurie FL 34952
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the abo	ove-named corp by the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statut	es.	-//
SIGNATURE	Tum Chu	ON JAMES E J	VHW.	sen. Pr	RESIDENT \$28/97
2	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·	_	gent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.	. 00	RS. CLAST Addition
TITLE	D	☐ DELETE	1.1 TITL		Tumps E-
NAME	JOHNSON, JAMES E		1.2 NAM	Ψ 1 , 2	137. S.E. Overbrook Dr.
STREET ADDRESS	3026 S.E. FARLEY RD.		1.3 STR	EET ADDRESS	137. 3.5.0 ve. 4.00 K W.
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			∕-ST-ZIP /- O	ort St. Lucie, FL 34952
TITLE		☐ DELETÉ	2.1 TITL	E	Crainge
NAME			2.2 NAM	Œ	
STREET ADDRESS			2.3 STR	EET ADDRESS	
CITY-ST-ZIP			2, 4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	3.1 TITL	E	☐ Change ☐ Addition
NAME			3.2 NAM	4E	
STREET ADDRESS			3.3 STR	EET ADDRESS	
CITY-ST-ZIP		·	3.4. CIT	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITL	E	☐ Change ☐ Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP			4.4 CITY	Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL	E	☐ Change ☐ Addition
NAME			5.2 NAM	1E	
STREET ADDRESS			53STR	EET ADDRESS	
CITY-\$T-ZIP			5.4 CITY	Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TITL	E	☐ Change ☐ Addition
NAME			6.2 NAM	Æ	
STREET ADDRESS			6.3 STR	EET ADDRESS	
CITY-ST-ZIP			6.4 CITY	Y-ST-ZIP	

14. I 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, with all other like empowered.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90143 048 ***150.00