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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90090 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000058317

1. Corporation Name
TREASURE COAST INVESTMENT GROUP, INC.



Principal Place of Business 725 S.E. PORT ST. LUCIE BLVD., STE.103 PORT ST. LUCIE FL 34984	Mailing Address 725 S.E. PORT ST. LUCIE BLVD., STE.103 PORT ST. LUCIE FL 34984
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	4. FEI Number 165-0845593	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	Suite, Apt. #, etc.	26	5. Certificate of Status Desired - <input type="checkbox"/>	\$8.75 Additional Fee Required -
22	City & State	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip	28	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29		
25		30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MCINTYRE, CAROLE 725 S.E. PORT ST. LUCIE BLVD., STE.103 PORT ST. LUCIE FL 34984		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHRISTOPHER UNDERHILL - P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER UNDERHILL - P	1.2 NAME	
STREET ADDRESS	802 MIDWAY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34982	1.4 CITY-ST-ZIP	
TITLE	LESLIE MANDOUY - T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE MANDOUY - T	2.2 NAME	
STREET ADDRESS	10680 S. OCEAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	2.4 CITY-ST-ZIP	
TITLE	CAROLE MCINTYRE - S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLE MCINTYRE - S	3.2 NAME	
STREET ADDRESS	725 SE PORT ST. LUCIE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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.

SIGNATURE: CHRISTOPHER UNDERHILL 4/24/99 888-468-3400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)