


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90090 028 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																					
<b>DOCUMENT # P98000058317</b> 1. Corporation Name <b>TREASURE COAST INVESTMENT GROUP, INC.</b>																																									
Principal Place of Business <b>725 S.E. PORT ST. LUCIE BLVD., STE.103</b> <b>PORT ST. LUCIE FL 34984</b>			Mailing Address <b>725 S.E. PORT ST. LUCIE BLVD., STE.103</b> <b>PORT ST. LUCIE FL 34984</b>																																						
DO NOT WRITE IN THIS SPACE																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			3. Date Incorporated or Qualified <b>06/29/1998</b> 4. FEI Number <b>165-0845593</b> 5. Certificate of Status Desired -- <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																						
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country			9. Name and Address of Current Registered Agent <b>MCINTYRE, CAROLE</b> <b>725 S.E. PORT ST. LUCIE BLVD., STE.103</b> <b>PORT ST. LUCIE FL 34984</b>																																						
10. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating) DATE																																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>DELETE</td> </tr> <tr> <td></td> <td>CHRISTOPHER UNDERHILL - P</td> <td>802 MIDWAY ROAD</td> <td>FT PIERCE, FL 34982</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>LESLIE MANDOLY - T</td> <td>10680 S. OCEAN DR</td> <td>JENSEN BEACH, FL 34957</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>CAROLE MCINTYRE - S</td> <td>725 SE PORT ST. LUCIE BLVD</td> <td>PORT ST. LUCIE, FL 34984</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE		CHRISTOPHER UNDERHILL - P	802 MIDWAY ROAD	FT PIERCE, FL 34982	<input type="checkbox"/>		LESLIE MANDOLY - T	10680 S. OCEAN DR	JENSEN BEACH, FL 34957	<input type="checkbox"/>		CAROLE MCINTYRE - S	725 SE PORT ST. LUCIE BLVD	PORT ST. LUCIE, FL 34984	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>1.2 NAME</td> <td>1.3 STREET ADDRESS</td> <td>1.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> </tr> </table>						1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

CHRISTOPHER UNDERHILL 4/24/99 888-468-3400