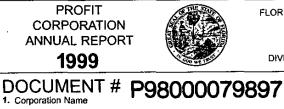
PROFIT CORPORATION ANNUAL REPORT

1999

PEWTER TREASURES, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-07-1999 90041 014 ***150.00



Principal Place of Business Mailing Address						
5648 S.W. 104TH TERRACE GAINESVILLE FL 32608 5648 S.W. 104TH TERRACE GAINESVILLE FL 32608			CE			
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 09/10/1998	
2. Principal P	lace of Business	2a. Mailing Address		<u> </u>	4. FEI Number	Applied For
21		26			1 59-3545416	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	- .	5. Certificate of Status Desired	\$8.75 Additional
22	<u> </u>	27	-		5. Certificate of Status Desired	Fee Required
City & Stat	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23	······································	28		 	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	30 Cou	intry	 This corporation owes the current year Personal Property Tax. 	Intangible Yes No
24	9. Name and Address of Curren		1001	ľ	10. Name and Address of New Register	ed Agent
				81 Name		
	ARD, WILLIAM B			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
5648 S.W. 104TH TERRACE				July Street Addi	ress (i .O. Dox Hamber is Het Adoption)	
GAIN	NESVILLE FL 32608			83		
				84 City		85 Zip Code
		,		1 1	•	·L
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was	authorized	d by the comporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	A and title ifKable/MOI	TE: Booletome	Agent signature require	nd when reinstating) DATE	[
12.		ID DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS	<u>' </u>
TITLE	D	☐ DELETE	1.1 17	π£		☐ Change ☐ Addition
NAME	GERARD, WILLIAM B		1.2 N	AME	•	
STREET ADDRESS	FOAD OWN ADATH TERRACE		1.3 S	TREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 C	rty-st-zip		
TITLE		☐ DELETE	2.1 ∏	TLE TLE		☐ Change ☐ Addition
NAME	<u> </u>		2.2 N	AME		
STREET ADDRESS			2.3 S	TREET ADDRESS		
CITY-ST-ZiP			2.40	ITY-ST-ZIP		
TITLE		☐ DELETE	3.1 T	TLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS		
CITY-ST-ZIP		<u></u>	3.4. 0	ITY-ST-ZIP		
TITLE	,	☐ DELETÉ	4.1 T	TLE	•	☐ Change ☐ Addition
NAME			4.21	AME		
STREET ADDRESS	·		4.3 S	TREET ADDRESS		!
CITY-ST-ZIP			~	ITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELÉTE	5.1 T	1		☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		□ BELETE	5.4 C	ITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.2 N	1		□ onengo □ Audituon
NAME ·				TREET ADDRESS	,	
STREET ADDRESS	1					
CITY-ST-ZIP	1		6.4 C	ITY-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: