MAY-15-99 SAT 12:53 PM TRACEY MODEL HOME

05041999-90161-031-$150.00-$150.00

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May 04, 1999 8:00 am
Secretary of State
05-04-1999 90161 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081397

1. Corporation Name
TREASURE QUEST PANAMA, INC.

Principal Place of Business	Mailing Address
2210 CAPE CORAL PARKWAY, WEST CAPE CORAL FL 33914	2210 CAPE CORAL PARKWAY, WEST CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1998
4. FEI Number: 06-1537799 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent
NUNN, ISAAC H
2210 CAPE CORAL PARKWAY, WEST
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent
81 Name: Joe Tingle
82 Street Address (P.O. Box Number is Not Acceptable): 2210 Cape Coral Parkway West
83
84 City: Cape Coral FL 85 86 Zip Code: 33914

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 x [illegible signature] PRES. x 4-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D VICE PRESIDENT	☐ DELETE
NAME	COSSGROVE, THOMAS	
STREET ADDRESS	2091 GOODE ROAD	
CITY-ST-ZIP	CONYERS GA 30208	
TITLE	D	☒ DELETE
NAME	NUNN, ISAAC H	
STREET ADDRESS	129 S.E. 1ST AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D PRESIDENT	☐ DELETE
NAME	TINGLE, JOE	
STREET ADDRESS	2210 CAPE CORAL PARKWAY, WEST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SECRETARY, TREASURER	☐ DELETE
NAME	Schneider, William	
STREET ADDRESS	South 80 W 18753 Apollo Drive	
CITY-ST-ZIP	Muskego, WI 53150	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: x [illegible signature] x 4-28-99 941-542-6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)