

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21511 (8)
1. Corporation Name
TREASURE CHEST LONGWOOD/LAKE MARY, INC.



Principal Place of Business Mailing Address
714 SAVAGE COURT 714 SAVAGE COURT
LONGWOOD FL 32750 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/27/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3049163	
25 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GALLO, JAMES 714 SAVAGE COURT LONGWOOD FL 32750		81 Name ANN T. NACKINO	
		82 Street Address (P.O. Box Number is Not Acceptable) 714 SAVAGE COURT	
		83	
		84 City LONGWOOD FL 85 Zip Code 32750	

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 ANN T. NACKINO, PRESIDENT/SECRETARY, Date 2/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, JAMES	1.2 NAME	ANN T. NACKINO
STREET ADDRESS	714 SAVAGE COURT	1.3 STREET ADDRESS	714 SAVAGE COURT
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750-4913
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, CHARLOTTE	2.2 NAME	PAUL NACKINO
STREET ADDRESS	714 SAVAGE COURT	2.3 STREET ADDRESS	714 SAVAGE COURT
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LONGWOOD, FL 32750-4913
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: ANN T. NACKINO, PRESIDENT/SECRETARY, Date 2/19/98

CR2E034 (10/97)