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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # <b>S82026</b>	5					
•	OON TREASURES, INC.					<b>8</b> 14 <b>8</b> 1811 84 <b>4</b> 11	8:8:: <b>8:8</b> :: :#4)
Principal Place	of Business	Mailing Address			F INDIVIDUAL THE TOTAL BOSSO TIMEN ASSISTANCE OF	021 <b>010]1 8</b> 10]]	010][ B}B   [BB
1216 IDLEWILD	CT.	POST OFFICE BOX 10473					
TALLAHASSEE FL 32311 TALLAHASSEE FL 32302				DO NOT WRITE IN THIS	SPACE		
US		US			3. Date Incorporated or Qualifed		
					09/23/1991		l
2. Principal Pt	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-3090247		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
22	The second secon	27				<del></del>	<u> </u>
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Count		This corporation owes the current year Inta		
24	25	29	30	•	Personal Property Tax.	Yes _	□No _
24]	9. Name and Address of Currer		1001		10. Name and Address of New Registered	Agent	
			8	1 Name			
	TER, JOANNE L		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
2008 WAHALAW NENE				- 0			
TALL	AHASSEE FL 32301		8	3			]
				I			ſ
			8	4 City		85 Zip	Code
		•	ì	4 City	FL		ì
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut of Florida Such Change was a	tes, the about	ove-named con			ì
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obliga	02 and 607,1508, Florida Statut of Florida. Such change was a ations of, Section 607.0605, Flo	tes, the about	ove-named con	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint		ì
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \

STREET ADDRESS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90065 026 \*\*\*150.00