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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30136

(8)

TREASURE CHEST INDUSTRIES, INC.

FILED Mar 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								ABAH BARA MER
3013 YAMATO RD 3013 YAMATO ROAD						•		
SUITE 86 BOCA RATOI	N F1 33434	STE B-6 BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualified		
						04/16/1992		
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number	 	Applied For
Suite, Apt.	#. elc.	Suite, Apt. #, etc.				65-0336976		Not Applicable
22		27				5. Certificate of Status Desired		Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.0	May Be		
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the cur		
24	25		30			Personal Property Tax due June 30. Yes No		
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
GREENWALD, STEVEN				81	Name			
6971 N FEDERALD HIGHWAY				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 105 BOCA RATON FL 33487				83				
	OA INTON 1 E 30407				- A'-			
				84	City	FL		p Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig	D2 and 607.1508, Florida Statute of Florida, Such change was a lations of Section 607.0505, Flo	es, the at authorized orida Stat	bove d by	-named corp the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing ointment a	lts registered as registered
SIGNATURE								
40	Signature, typed or printed name of registered ag			d Age	nt signature require	ed when reinstating) DATE		1
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	TI 6		ADDITIONS/CHANGES TO OFFICERS AND		
NAME	HANDRAS, LEONIDES L	_ otten	1.1 TITLE 1.2 NAME				☐ Change	Addition
STREET ADDRESS	17604 SCARSDALE WAY		1.3 STREE		ADDRESS			[3
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-					
TITLE	VP	☐ DELETE	2.1 TITLE				Change	Addition C
NAME	HANDRAS, BEVERLY R		2.2 NAME					
STREET ADDRESS	17604 SCARSDALE WAY			REET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY-		T-ZIP			1
TITLE	\$	DELETE	3 1 TITLE				Change	Addition
NAME	HANDRAS, BEVERLY R		3 2 NAME		ł			
STREET ADDRESS	17604 SCARSDALE WAY		3.3 STREET					
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	3.4. CITY - :		T- ZIP			
NAME	i Handras, Beverly R	L. DELETE	4.1 TITLE 4.2 NAME				L Change	Addition
STREET ADDRESS	17604 SCARSDALE WAY		4.3 STREET		ADDDECC			
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-S					
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET		ADDRESS			
CITY-ST-ZIP			5.4 CITY-S					
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
NAME	6.2		6.2 NA	6.2 NAME				
STREET ADDRESS			6.3 STF	REET A	ADDRESS			
CITY-ST-ZIP				Y - ST	- ZIP			
14. Thereby c	sertity that the information supplied w	ith this filing does not qualify for	r the exe	mpti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that th	e information

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 is 30 years 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 cockopy of the receiver of 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 the property of the receiver of 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 the property of the receiver of the control of the property of the property

SIGNATURE:

EONIDES L. HANDRAS- PRE

MESIDENI

3/4/98 (54)995-9995