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

DOCUMENT # V30136

TREASURE CHEST INDUSTRIES, INC.

I								
Principal Plac	e of Business	Mailing Address	-			1 (901: Build (illi Adia: 11000 (1114 an) and	#1811 E1E11 E1E11	515(1 G1G1) 1GG1
3013 YAMATO	RD	3013 YAMATO ROAD						
SUITE B6	STE B-6				DO NOT WRITE IN THIS SPACE			
BOCA RATON FL 33434 US BOCA RATON FL 33434 US				3. Date Incorporated or Qualifed				
us		US				04/16/1992		
		On Mailing Address				4. FEI Number		pplied For
⊢ ' .	Place of Business	2a. Mailing Address				65-0336976	<u> </u>	ot Applicable
21	# -1-	Suite, Apt. #, etc.				03-0330970		Additional
Suite, Apt.	#, etc.	— · · · ·				5. Certificate of Status Desired	•	equired
22 Ch. 8 Chat		27 City & State				6. Election Campaign Financing		May Be
City & Stat	le ·	— — · *				Trust Fund Contribution		to Fees
23	Country	Zip	C	ountry		8. This corporation owes the current year to		10 / 000
Zip		<u> </u>	30	ount y		Personal Property Tax.	Yes	DANO
24	25 9. Name and Address of Curre	29	[30]	-т	-	10. Name and Address of New Registere		
ļ 	9. Name and Address of Curre	ait Kegisteren Agent		81]	Name	10. 112		
GRE	ENWALD, STEVEN					<u> </u>		
6971 N FEDERALD HIGHWAY			82	Street	ress (P.O. Box Number is Not Acceptable)			
	TE 105			83				
1	CA RATON FL 33487			33				
500	DA HATON LE SONO!			84	City	F	85 Zip	Code
				i				- vl-1d
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta e of Florida, Such change wa	tutes, the	above	e-named the corpo	corporation submits this statement for the purpose coration's board of directors. I hereby accept the app	ointment as r	egistered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505,	Florida St	atutes.				
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered ag			red Agent		equired when reinstating) DATE	ND DIDECT	ODC IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	AND DIRECTORS	1:	red Agent		equired when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
	Signature, typed or printed name of registered ag OFFICERS A		1.1	red Agent 3.			AND DIRECT	
12.	Signature, typed or printed name of registered ag OFFICERS A P HANDRAS, LEONIDES L	AND DIRECTORS	1.1	red Agent				
12.	Signature, typed or printed name of registered ag OFFICERS A P HANDRAS, LEONIDES L	AND DIRECTORS	1.1 1.2	red Agent 3. I TITLE NAME				
12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A P HANDRAS, LEONIDES L	ND DIRECTORS	1.1 1.2 1.3 1.4	TITLE NAME STREET	t signature r		☐ Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS A OFFICERS A P HANDRAS, LEONIDES L 17604 SCARSDALE WAY	AND DIRECTORS	1.1 1.2 1.3 1.4	TITLE NAME	t signature r	ADDITIONS/CHANGES TO OFFICERS A		Addition
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6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation of the block 12 or Block 13 if changed, opon against

CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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

04-22-1999 90099 015 ***158.75