

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB 14 PM 12:17

DOCUMENT # **659099** (6)

1. Corporation Name
SOUTHERN CARD COMPANY, INC.

Principal Place of Business: **3784 NW 16ST LAUDERHILL FL 33311**
Mailing Address: **3784 NW 16ST LAUDERHILL FL 33311**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date first organized or 12/31/88	3b. Date of Last Report
21		26		03/13/1980	02/23/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FIC Number	Applied For
23 City & State		28 City & State		59-1991198	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
SILVER, LOIS 3784 NW 16 ST. LAUDERHILL FL 33311				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				10. Name and Address of New Registered Agent	
				81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, LARRY	12 NAME	
STREET ADDRESS	3784 NW 16 ST.	13 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, LOIS	22 NAME	
STREET ADDRESS	3784 NW 16 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(B), Florida Statutes. I further certify that the information set forth in 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 its registered or beneficially owned or controlled subsidiary, and that my name appears in Block 12 or Block 13 of this report, or both, in agreement with an address.

SIGNATURE: *Lawrence Silver* Lawrence Silver 271091 305-791-9610
SIGNATURE AND TYPE AND PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Day/Mo/Yr