

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
JENNIFER W. COOPER, TREASURER

APPROVED
AND
FILED

22 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **690947** (7)

S.I.M. POST HORN CARDS & GIFTS, INC.

Principal Office Location: 80 W. OAKLAND PARK BLVD. FT LAUDERDALE FL 33311
Mailing Address: 80 W. OAKLAND PARK BLVD. FT LAUDERDALE FL 33311

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **06/18/1981**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2109226**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 195.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt # etc: 22 City & State: 23
26. Mailing Address: 26 State Apt # etc: 27 City & State: 28
24 City: 25 County: 29 City: 30 County:

9. Name and Address of Current Registered Agent
**KURLAND, SHELDON C., ESQ.
727 N.E. THIRD AVENUE, SUITE 201
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **9853 Pines Blvd**
83 City: **Pembroke Pines** FL 85 Zip Code: **33024**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CHAIMOWITZ, STEVEN
STREET ADDRESS	13173 N.W. 11TH PLACE
CITY, ST, ZIP	SUNRISE FL
TITLE	ST
NAME	CHAIMOWITZ, MINDY
STREET ADDRESS	13173 N.W. 11TH PLACE
CITY, ST, ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not entitled to the exemption stated in Sections 191.03(1)(b), Florida Statutes. I further certify that the information included 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 in the public faith that I am an eligible officer of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 11 if I am not a director, on an attachment with an address.

SIGNATURE: *Mindy Chaimowitz* - Mindy Chaimowitz 2 4/26/95 305-565-5838
SECRETARY OF STATE