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

FILED Feb 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1, Corporation Name (0)L09818 KAY'S CARDS & GIFTS, INC. Mailing Address Principal Place of Business 11600-106 GLADIOLUS DR. 11800-106 GLADIOLUS DR FT MYERS FL 33908 FT MYERS FL 33908 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1989 2. Principal Place of Business Applied For 2a. Mailing Address Not Applicable 65-0138360 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional Г٦ 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country Country Zip B. This corporation owes or has paid the current year Intangible Zip Personal Properly Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMES, JEROME J. Terome Address (P.O. Box Number is Net Acceptable) 1012 DOLPHIN DR 82 CAPE CORAL FL 33904 83 Zip Code 33904 A4 1940 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named convertion 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 (NOTE: Registered Agent signature required when reinstating) CERS AND DIRECTORS 13. 12. Change Addition DELETE DP 1.1100 TITLE 1.2 NAMI AMES, KAY F NAME 1012 DOLPHIN DR 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 1.4 CHY-S1-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 11TLF TITLE AMES, JEROME J JR NAME 2.3 TREET ADDRESS 4411 CORANADO PKWY STREET ADDRESS CAPE CORAL FL CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3 ITLE TITLE AMES, JEROME J AME NAME 1012 DOLPHIN DR TREET ADDRESS STREET ADDRESS CAPE CORAL FL JTY - ST - 7H CITY-ST-ZIP Addition DELETE Change ilLE TITLE CAME NAME REET ADDRESS STREET ADDRESS TY-\$1-7IF CITY-ST-ZIP Change Addition DELETE TITLE ... NAME IRFEL ADDRESS STREET ADDRESS JTY - \$1 - ZIP CITY-ST-ZIP DELETE ΠE Change Addition TITLE IAME NAME

STREET ADDRESS

4 CITY - ST - ZIP

14. 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 eath; that I am an officer or director of the corporation or the received 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.

STREET ADDRESS

CITY-ST-ZIP