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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # \$950000 P0973 (7)

CARD TECHNOLOGY MAGAZINE, INC.

Principal Place of Business

Mailing Address

_	_		
532	MASALO	PL.	

50-00-

**FILED** 

Mar 04 1998 8:00am

Secretary of State

1 1 1 1 1 1 1 1 1	JA JA	DO NOT WRITE IN THIS SPACE					
LAKE MARY, FL. 32746			3. Date Incorporated or Oyalified				
2. Principa: Place of Business			4. FEI Number	<del></del>			
L ·	2a. Mailing Address		1 11 1 11 11 11 11	Applied For			
Suite, Apt. #, etc	26   Suite, Apt #, etc.		59-9340+75	Not Applicable			
22 Surie, Apri. #, etc	<b>⊢</b>		5. Certificate of Status Desired	8.75 Additional Fee Required			
City & State	27 City & State						
23	28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be			
Zip Cour		Country		Added to Fees			
24 25	29	30	If y  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, ☐ Yes ☐ No				
	Iress of Current Registered Agent	1301	10. Name and Address of New Registered Age				
		81 Name	To the did to o o o the tropic o o rigo	110			
DREIFUS, HENRY NO.							
ocerpos, north		82 Street A	Street Address (P.O. Box Number is Not Acceptable)				
532 MASALO	× 01	83					
LAKE MAR	Y, FL. 32746	84 City	FL <sup>8</sup>				
11. Pursuant to the provisions of Se	ections 607 0502 and 607 1508, Florida St	atutes, the above-named o	orporation submits this statement for the purpose of characteristics of directors. If hereby accept the appointment of directors is the purpose of characteristics of directors of the purpose of characteristics.	anging its registered			
office or registered agent, or bo	oth in the State of Florida, Such change we economic obligations of Section 607,0505	ras authorized by the corpo	oration's board of directors. I hereby accept the appointment	nent as registered			
SIGNATURE ALLU	A	, Florida Otatates.	2-26-9	7 X ∣			
SIGNATURE Sign are typed or profes	vicerreg slered ago, and title it applicable	(NOTE Registered Agent signature re					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12			
TITLE PO	☐ DELETE	11 TITLE		Change			
NAME DREIEUS.	HEMRY W.	1.2 NAME					
STREET ADORESS (23)		1.3 STREET ADDRESS					
CITY-ST-ZIP LALES	BALG PL. 32746	1.4 CITY-ST-ZIP					
TITLE	DELETE	2.1 TITLE		Change			
NAME		2 2 NAME		,			
STREET ADDRESS			2.3 STREET AODRESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	·				
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NAME		3.2 NAME	_				
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3 4. CITY - ST - Z/P					
TITLE	DELETE	41 TITLE		Change			
NAME		4. 2 NAME	<b>-</b>	- naozion			
STREET ADDRESS		4.3 STREET ADDRESS					
City - St - ZIP		4 4 CITY - \$T - ZIP					
TITLE	☐ DELETE	5.1 TITLE		Change			
NAME	_ 5,,,,,	5.2 NAME	4				
STREET ADDRESS		5.3 STREET ADDRESS		<i>∌€</i> .∣			
CITY-SI-ZIP				Tg.4			
TITLE	☐ DELETE	5.4 C(TY - \$T - 2)P 6 1 T!TLE	M	Change			
NAME	<b>L</b> bitti	62 NAME	70000244754	Figure LT Addition			
			-03/05/3801006035	: '			
STREET ADDRESS		63 STREET ADDRESS	***150.00	'			
CiTY-S1-ZIP		6.4 CITY - \$7 - ZIP	<i>កកក1</i> ខាប, ២២				

14. Thereby 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 oath, that I am an officer or director of the corporation in the receiver 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 on an attachment with an address.