

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0003980

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **383911** (5)

1. Corporation Name  
**ABOUT TIME CARD & GIFT SHOP, INC.**



Principal Place of Business

**4885 SE 17TH STREET  
FT LAUDERDALE FL 33316**

Mailing Address

**1335 SE 17TH STREET  
FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/14/1971**

4. FEI Number

**59-1354188**

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 2408 S.E. 19th PLACE**

Suite, Apt. #, etc.

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

City & State

**23 FORT LAUDERDALE, FL**

Zip

**24 33316**

Country

City & State

**28**

Zip

Country

9. Name and Address of Current Registered Agent

**MURRAY, PHYLLIS  
2408 SE 19TH PLACE  
FORT LAUDERDALE FL 33316**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **CASSELS, CHRISTINE M.**

STREET ADDRESS **398 SW 61ST AVENUE**

CITY-ST-ZIP **MARGATE FL 33068**

TITLE **PD** ☐ DELETE

NAME **MURRAY, PHYLLIS**

STREET ADDRESS **2408 SE 19 PLACE**

CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **TD** ☒ DELETE

NAME **MURRAY, EDWARD**

STREET ADDRESS **4556 NO OCEAN DRIVE**

CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA FL**

TITLE **VD** ☐ DELETE

NAME **CAMPBELL, KATHRYN M.**

STREET ADDRESS **802 12TH AVENUE**

CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE

**Phyllis Murray** President **7/30/98** **954-525-4535**

CR2E034 (5/98)