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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

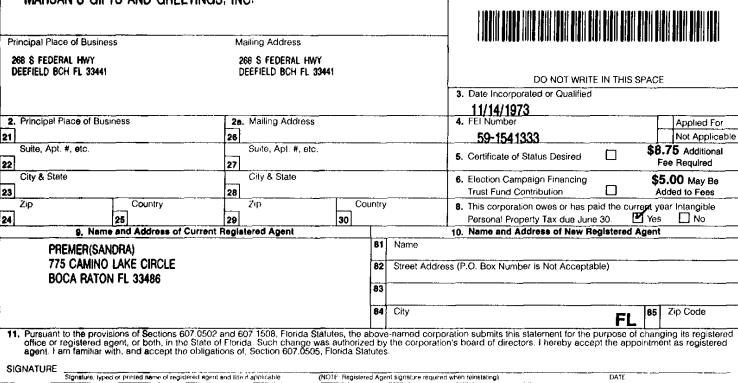
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 439744

(4)

MARSAN'S GIFTS AND GREETINGS, INC.

FILED
Jan 21 1998 8:00am
Secretary of State



office or re agent. I ar	egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auti 607.0505, Floric	, the above-hamed horized by the corp la Statutes.	corporation submits this statement for the publication's board of directors. I hereby accept	the appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	/NOTE: B	legistered Agent signature	required when reinstating)	DATE	
12. OFFICERS AND DIRECTORS		(16.7)	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP	DELETE	1.1 TITLE		Change	Addition
NAME	PREMER(CHERYL)		1.2 NAME			
STREET ADDRESS	568401 ARBOR CLUB WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME	PREMER (SANDRA)		2.2 NAME			
STREET ADDRESS	775 CAMINO LAKE CIR		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 717LE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
D/TV DT 310			C 1.0(1) OT 710			

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.

CICNIATI IDE.

Son Ain Property

1/7/98 904 427-1916

R2E034 (10/97)