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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845456 (3)
 1. Corporation Name
EVENSON CARD SHOPS, INC.



Principal Place of Business 2501 MCGEE P O BOX 41947 TAX 407 KANSAS CITY MO 64141 US	Mailing Address 2501 MCGEE P O BOX 419479 TAX 407 KANSAS CITY MO 64141-6479 US
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3. Date Incorporated or Qualified 03/11/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1188220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State: Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State: Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CP	NAME FIRNHABER, ROEBRT D	1.1 TITLE CD	1.2 NAME Firnhaber, Robert D.
STREET ADDRESS 3521 WEST 87TH STREET	CITY-ST-ZIP LEAWOOD KS 66208	1.3 STREET ADDRESS 3521 West 87th Street	1.4 CITY-ST-ZIP Leawood, KS 66208
TITLE V	NAME EGAN, CHARLES J JR	2.1 TITLE P	2.2 NAME Hofferberth, Ann M.
STREET ADDRESS 712 EAST 47TH STREET	CITY-ST-ZIP KANSAS CITY FL 66208	2.3 STREET ADDRESS 4845 Alden Road	2.4 CITY-ST-ZIP Shawnee, KS 66216
TITLE VAS	NAME WHITTAKER, JUDITH	3.1 TITLE VS	3.2 NAME Whittaker, Judith
STREET ADDRESS 5900 MISSION DRIVE	CITY-ST-ZIP MISSION HILLS KS 66208	3.3 STREET ADDRESS 5900 Mission Road	3.4 CITY-ST-ZIP Mission Hills, KS 66208
TITLE V	NAME WEAVER, DENNIS	4.1 TITLE	4.2 NAME
STREET ADDRESS 1264 JUNIPER CIRCLE	CITY-ST-ZIP LEAWOOD KS 66209	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE V	NAME GRECIAN, JERRY	5.1 TITLE AS	5.2 NAME Chalker, Richard B.
STREET ADDRESS 13819 WOODWARD	CITY-ST-ZIP OVERLAND PARK KS 66223	5.3 STREET ADDRESS 8830 Catalina Drive	5.4 CITY-ST-ZIP Prairie Village, KS. 66207
TITLE V	NAME BENSON, LARRY	6.1 TITLE	6.2 NAME
STREET ADDRESS 12847 WESTGATE	CITY-ST-ZIP OVERLAND PARK KS 66213	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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: *Richard B. Chalker* Assistant Secretary *Richard B. Chalker* 4/3/97 (916) 274-4170
 0483506

CR2E034 (9/96)