

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 41947 TAX 407 KANSAS CITY MO 64141 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/11/1980	
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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 FL 85 Zip Code	
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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	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIRNHABER, ROEBRT D			1.2 NAME	Rod Sturgeon		
STREET ADDRESS	3521 W 87TH ST			1.3 STREET ADDRESS	16950 206th Street		
CITY-ST-ZIP	LEAWOOD KS			1.4 CITY-ST-ZIP	Tonganoxie, Kansas 66086		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFERBERTH, ANN M			2.2 NAME			
STREET ADDRESS	4845 ALDEN RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SHAWNEE KS			2.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTAKER, JUDITH			3.2 NAME			
STREET ADDRESS	5900 MISSION DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MISSION HILLS KS			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, DENNIS			4.2 NAME			
STREET ADDRESS	1264 JUNIPER CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LEAWOOD KS 66209			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHALKER, RICHARD B			5.2 NAME			
STREET ADDRESS	8830 CATALINA DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PRAIRIE VILLAGE KS			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENSON, LARRY			6.2 NAME			
STREET ADDRESS	12847 WESTGATE			6.3 STREET ADDRESS			
CITY-ST-ZIP	OVERLAND PARK KS 66213			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 *Richard B. Chalker* **Richard B. Chalker, Assistant Secretary 816-274-4170**

CR2E034 (10/97)