


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90238 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 845456

1. Corporation Name
HALLMARK SPECIALTY RETAIL GROUP, 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 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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
8. This corporation owes the current year Intangible Personal Property Tax. <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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROD STURGEON	
STREET ADDRESS	16950 206TH ST	
CITY-ST-ZIP	TONGANOXIE KA 66086	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOFFERBERTH, ANN M	
STREET ADDRESS	4845 ALDEN RD	
CITY-ST-ZIP	SHAWNEE KS	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WHITTAKER, JUDITH	
STREET ADDRESS	5900 MISSION DRIVE	
CITY-ST-ZIP	MISSION HILLS KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEAVER, DENNIS	
STREET ADDRESS	1264 JUNIPER CIRCLE	
CITY-ST-ZIP	LEAWOOD KS 66209	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHALKER, RICHARD B	
STREET ADDRESS	8830 CATALINA DR	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENSON, LARRY	
STREET ADDRESS	12847 WESTGATE	
CITY-ST-ZIP	OVERLAND PARK KS 66213	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V GRECIAN, JERRY
6.3 STREET ADDRESS	13819 WOODWARD
6.4 CITY-ST-ZIP	OVERLAND PARK, KANSAS 66223

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, with all other like empowered.

SIGNATURE: *Richard B. Chalker* **SECRETARY** DATE: **3/4/99** DAYTIME PHONE #: **816-274-4170**

CR2E034 (1/98)