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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # F27/04

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]	Лау	05	1997	7 8	3:00)am
	Sec	cret	ary o	f	Sta	te

FII FD

JUNE'S CARD SHOP INC		İ		
	ran de			
Principal Place of Business Malling A	ddress	····	-	
1329 MARE CARN PKUN	1220 110-	Acost De		
1357 CATE CONTC THUY	1557 CAPE	CORACIAN	?	
1339 CAPE CORAL PKWY CAPE CORAL FL 33904	CAPE CORAC	33904	3. Date Incorporated or Qualified 03/27/198	3a. Date of Last Report
2. Principal Place of Business 2s. Mailing	Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite,	Apt. #, etc.		59-2067515	Not Applicable \$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required
City & State City &	State	:	6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip		intry	Trust Fund Contribution	Added to Fees
24 25 29	30		6. This corporation has liability for i	ntangible tax under s. 199.032, Yes DNo
Name and Address of Current Registered A			10. Name and Address of New Re	
HARTZ, MARK		81 Name		• •
1331 CAPE CORAL PKWY		92 Street Addre	ss (P.O. Box Number s Not Accepted	Was C
1001 CMC COMCTNO)		83 /257	CARE COMO	<u> Swy</u>
CAPE CORAL FL 33904		54 65	· :	
	-	64 City	10 miles	FL 65 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508 office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section 	, Florida Statutes, the al	ove-named corpo	pration submits this statement for the p	urpose of changing its registered
agent. I am familiar with, and accept the obligations of, Section	n 607.0505, Floridá Slai	ules.	in a board or directors, I hereby accep	ir tuo abbountuisur as radistaiso
SIGNATURE Signature, typed or printed name of registered agent and little if applicable	is (NOTE: Recistars	1 Agent signature required	d upas reinstations	DATE
12. OFFICERS AND DIRECTORS	13.	1 Most affiliatore technique	ADDITIONS/CHANGES TO OFFIC	
TITLE PST	DELETE 1.1 TO	FLE		Change Addition
HARTZ MARK S	1.2 N			
STREET ADDRESS 3730 SE 3AJ PL CAPE CORAL FL 33904	1.7	REET ADDRESS		:
CITY-ST-ZIP CAPE CORAL FL 33904	DELETE 2.1 T/	TY+\$T-ZIP		Change Addition
NAME LARTS TANF	2.2 NJ			
STREET ADDRESS 3730 SE 3Rd PL	2.3 \$1	REET ADDRESS		
CITY-ST-ZIP CAPE CORAL TL 3890		ITY-ST-ZIP		
TITLE	DELETE 3.1 TI	1		☐ Change ☐ Addition
NAME	3.2 N/			•
STREET ADDRESS		REET ADDRESS ITY-ST-ZIP	,	
CITY-ST-ZIP IITLE	DELETE 4.1 TI			Change Addition
NAME	4. 2 N			
STREET ADDRESS	4.3 \$1	REET ADDRESS	Mark	1.*
CITY-ST-ZIP	4.4 CI	TY-ST-ZIP		1/1/2
TITLE	DELETE BITT	TLE .		Change Z Addition
NAME	5.2 N/	I		111 SKIGN
STREET ADDRESS		REET ADDRESS		4014/
CITY-ST-ZIP		TY-ST-ZIP	t contract the contract of the	
TITLE NAME	DELETE 61TH	rı e	الدريانية المراجعة ا	- Laddition
manu I	# 0.44		000000215	Addition Addition
	6.2 N/	ME	00000216: -05/07/9701026	Addition 6042
STREET ADDRESS CITY-ST-ZIP	6.3 51		00000216: -05/07/9701026 ***165.00	Addition 042

4. 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: MCLE J Hat PRES MARKS. HERTZ PRES 4/24/97 941-542-450.