FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:23

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F64602 (8)

1. Corporation Name
THE CARD AND GIFT GALLERY, INC.

Principal Place of Business	Mailing Address
% LOUIS ADJAN ~~7040 GATE CIRCLE~~ SPRING HILL FL	% LOUIS ADJAN ~~7040 GATE CIRCLE~~ SPRING HILL FL

3. Date Incorporated or Qualified: 01/26/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1397 KASS CIRCLE
Suite, Apt. #, etc.
22 SUITE 107
City & State
23 SPRING HILL
Zip 24 34606-4310 Country 25 USA

2a. Mailing Address
26 1397 KASS CIRCLE
Suite, Apt. #, etc.
27 SUITE 107
City & State
28 SPRING HILL FL
Zip 29 34606-4310 Country 30 USA

4. FEI Number: 59-2189866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADJAN, LOUIS
~~7040 GATE CIRCLE~~
SPRING HILL FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1397 KASS CIRCLE
83 SUITE 107
84 City: SPRING HILL FL
85 Zip Code: 34606-4310

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☒ Change ☐ Addition
NAME	ADJAN, IRENE E	1.2 NAME	
STREET ADDRESS	~~7040 GATE CIRCLE~~	1.3 STREET ADDRESS	1397 KASS CIRCLE STE 107
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL FL 34606-4310
TITLE	DP	2.1 TITLE	☒ Change ☐ Addition
NAME	ADJAN, LOUIS	2.2 NAME	
STREET ADDRESS	~~7040 GATE CIRCLE~~	2.3 STREET ADDRESS	1397 KASS CIRCLE STE 107
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL FL 34606-4310
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	O'BROCTO, BARBARA	3.2 NAME	
STREET ADDRESS	7373 SPRING HILL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓ Irene Adjan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓3/30/95 ✓ 6860951 1-904
Date Daytime Phone #

0360416 CP