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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90009 045 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F64602

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



Principal Place of Business 1397 KASS CIRCLE SUITE 107 SPRINGHILL FL 34606-4310 US	Mailing Address 1397 KASS CIRCLE SUITE 107 SPRINGHILL FL 34606-4310 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1373 Kass Circle Suite, Apt. #, etc. 22 City & State 23 Spring Hill, FL Zip Country 24 34606 25 US	2a. Mailing Address 26 1373 Kass Circle Suite, Apt. #, etc. 27 City & State 28 Spring Hill, FL Zip Country 29 34606 30 US
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3. Date Incorporated or Qualified 01/26/1982	Applied For Not Applicable
4. FEI Number 59-2189866	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ADJAN, LOUIS
1397 KASS CIRCLE
SUITE 107
SPRINGHILL FL 34606

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

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

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ADJAN, IRENE E	
STREET ADDRESS	1397 KASS CIRCLE STE 107	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ADJAN, LOUIS	
STREET ADDRESS	1397 KASS CIRCLE STE 107	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	O'BROCTO, BARBARA	
STREET ADDRESS	7373 SPRING HILL DR.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Louis Adjan Louis Adjan 3-10-99 352-683-0320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)