

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

FILED

99 SEP 13 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97060005082

1. Corporation Name
EXECUTIVE GREETINGS, INC.

Principal Place of Business _____ Mailing Address _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 120 Industrial Park Suite, Apt. #, etc.	2a. Mailing Address 2a 120 Industrial Park Suite, Apt. #, etc.
22 Route 219 City & State	27 Route 219 City & State
23 New Hartford CT Zip Country	24 New Hartford CT Zip Country
24 06057 USA	25 06057 USA

4. FEI Number 06 1346 402	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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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 807.0302 and 807.1506, 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 807.0305, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President & CEO	<input type="checkbox"/> DELETE
NAME	Lee Bracken	
STREET ADDRESS	34 High Gate Drive	
CITY-ST-ZIP	Avon, CT 06001	
TITLE	Treasurer & Secretary	<input type="checkbox"/> DELETE
NAME	Stephen Roberts	
STREET ADDRESS	5 Ardsley Way	
CITY-ST-ZIP	Avon CT 06001	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 the report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address, with an officer like empowered.

SIGNATURE: Lee Bracken DATE: 9/9/99 TELEPHONE: 860-379-9911

CORP. 11-1 (REV. 11-98)



ACCOUNT NO. : 072100000032
REFERENCE : 369537 4304990
AUTHORIZATION : *Patricia Piquito*
COST LIMIT : \$ 558.75

ORDER DATE : September 9, 1999
ORDER TIME : 3:58 PM
ORDER NO. : 369537-010
CUSTOMER NO: 4304990
CUSTOMER: James Devereaux, Legal Asst
Ropes & Gray
One International Place
Boston, MA 02110-2624

ANNUAL REPORT FILING

NAME: EXECUTIVE GREETINGS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Joseph D. Demotte~~ JGY

EXAMINER'S INITIALS:

TS