

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 13 1997 8:00am Secretary of State

DOCUMENT # K57760

(6)

1. Corporation Name ARDIE'S HALLMARK SHOP, INC.



Principal Place of Business

Multiple Addresses

3845 S. NOVA RD PORT ORANGE FL 32127 US

3845 S. NOVA RD PORT ORANGE FL 32127-4950 US

2. Principal Place of Business

2a. Multiple Addresses

21 State, Apt #, etc

26 State, Apt #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24

29

9. Name and Address of Current Registered Agent

FOGT, THOMAS A. ESQUIRE 700 COLORADO AVENUE STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified 01/12/1989 3a. Date of Last Report 05/01/1996

4. FIC Number 59-2965309 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. Does corporation have liability for intangible tax under Fla. Stat. 1993, Florida Statutes.

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.02(2), Florida Statutes, the above named corporation and its state agent for the purpose of changing its registered office of corporate records and without the intent of changing its authorized officers, hereby accept the appointment of its registered agent named here with and accept the obligation of Section 607.02(2), Florida Statutes.

SIGNATURE

Signature of Officer or Director

OFFICER OR DIRECTOR

Signature of Secretary

SECRETARY

OR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICER OR DIRECTOR: NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE

14. I do hereby certify that the information appears with this filing does not qualify for the exemption provided by Section 619.02(3)(b), Florida Statutes. I do hereby certify that the information made by this corporation is true and correct and that my signature that have been given legal effect by it make a valid and binding contract with the State of Florida. I do hereby certify that the information appears with this filing does not qualify for the exemption provided by Section 619.02(3)(b), Florida Statutes, and that my name appears on the Florida Department of State's records of the corporation.

SIGNATURE: [Handwritten Signature]

ARDIE'S HALLMARK SHOP by: PAUL D. THOMPSON, PRES 4/29/97

CR28064 (9/95)