

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

FILED

**May 05 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # K65460 (3)
1. Corporation Name
CRAW AND ROGG CARDS, INC.



Principal Place of Business Mailing Address
**4125 CLEVELAND AVE
EDISON MALL #55
FT. MYERS FL 33901
US**

3. Date Incorporated or Qualified **02/14/1989** 3a. Date of Last Report **02/28/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0098754** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGACKI, CYNTHIA
4125 CLEVELAND AVE
EDISON MALL #55
FT. MYERS FL 33901**

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

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 **DV** DELETE
NAME **CRAWFORD, JOHN, III**
STREET ADDRESS **1596 N. TAMiami TRAIL**
CITY-ST-ZIP **N. FT. MYERS FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DP** DELETE
NAME **ROGACKI, CYNTHIA**
STREET ADDRESS **4125 CLEVELAND AVE, EDISON MALL #55**
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** DELETE
NAME **CURRAN, JANELE**
STREET ADDRESS **109 NE 10TH AVE**
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **CRAWFORD, JANELE
3350 N. KEY DR., #1011-B
N. FT. MYERS, FL 33903**

TITLE **TD** DELETE
NAME **JOYCE, ELIZABETH A**
STREET ADDRESS **6683 MAGNOLIA LN**
CITY-ST-ZIP **FT MYERS FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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: *[Handwritten Signature]*

CR2E034 (9/96)