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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20602

Corporation Name

CARDS "R" US, INC.

Principal Place of Business	Mailing Address	
12148 US HWY 19 NORTH %ROBERT E. MENTZ	12148 US HWY 19 NORTH %ROBERT E. MENTZ	
MODERI E. MENIZ	MINDON EL 24007 0000	

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90034 023 ***158.75



12148 US HWY 19 NORTH %ROBERT E. MENTZ HUDSON FL 34667-9058 12148 US HWY 19 NORTH %ROBERT E. MENTZ HUDSON FL 34667-9058						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/03/1989				
4 5		2- Mailin	ng Address				4. FEI Number		Applied For	
<u> </u>	ace of Business	<u> </u>	ig Address				59-2974695		Not Applicable	
21	4 -4-	26 Suito	Apt. #, etc.				35 23 7 4033	\$8.7	5 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired		Required	
	City & State City & State				Trust Fund Contribution Added			00 May Be led to Fees		
Zip 24	Country 25	Zip Cour 29 30					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒️No			
==1	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Regi	stered Agent		
 	,			8	81	Name				
MENTZ, ROBERT E. 13621 LANDERS DRIVE			8	82	Street Add	Address (P.O. Box Number is Not Acceptable)				
	SON FL 34667			8	83	·····		10000000000000000000000000000000000000		
				8	84	City	1 2 1 3 2 2 4 7 4 2 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85	Zip Code	
					L			<u>FL </u>		
office or re agent. I an SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Sur pations of, Section	ch change was au on 607.0505, Flor	ithonzed t ida Statuti	by tr tes.	ne corporati	poration submits this statement for the pur on's board of directors. I hereby accept th	e appointment a	s registered	
	Signature, typed or printed name of registered ag				lgent s	signature require	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
12.		ND DIRECTOR	OELETE	13.				□ Chai		
TITLE	PD						"我们就把 说 "。		4	
NAME	MENTZ, ROBERT E.			1.2 NAM						
STREET ADDRESS	13621 LANDERS DRIVE					NODRESS				
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TITLE	VST		□ DELETE	2.1 TITL					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	MENTZ, DEBORAH K.			2.2 NAM						
STREET ADDRESS	13621 LANDERS DRIVE					ADDRESS			ļ	
CITY-ST-ZIP	HUDSON FL		DELETE	2. 4 CIT		- ZIP				
TITLE	D		☐ DELETE	3.1 TITL				· []Cha	nge □ Addition I	
NAMÉ	MENTZ, DEBORAH K.					1		· Cha	nge	
STREET ADDRESS				3.2 NAM	Æ			· Cha	nge	
	13621 LANDERS DRIVE			3.3 STR	AE REET A	ADDRESS		Cha	nge ☐ Addition	
CITY-ST-ZIP	/13621 LANDERS DRIVE HUDSON FL		□ DCI ETE	3.3 STR	AE REETA Y-ST-					
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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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/-30 79 9 Date 727-857-0701

CRZE034 (11/