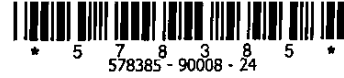


FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90040 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002661 1. Corporation Name CENTRAL FLORIDA POST CARD CLUB, INC.			
Principal Place of Business 1612 LAWNDALE CIRCLE WINTER PARK FL 32792		Mailing Address POST OFFICE BOX 3712 WINTER PARK FL 32790	



2. Principal Place of Business 21 950 Maury Rd. 100 Suite, Apt. #, etc. 22 Orlando, FL. City & State 23 32804 Zip 24 Country		2a. Mailing Address 26 850 Maury Rd. 100 Suite, Apt. #, etc. 27 Orlando, FL. City & State 28 32804 Zip 29 Country		3. Date Incorporated or Qualified 05/08/1998 4. FEI Number 59-3509497 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	
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9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 THIS IS CORRECT. SEE ATTACHED. WE HAVE NO IDEA WHAT AMERILAWYER IS.		10. Name and Address of New Registered Agent 81 Name LINDA E. MAYFIELD 82 Street Address (P.O. Box Number is Not Acceptable) 1612 LAWNDALE CIRCLE 83 City WINTER PARK FL 84 Zip Code 32792	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Madeleine Bennett Madeleine Bennett DATE 6-18-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☒ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE ☒ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 6.1 TITLE 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 617, 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: SIGNATURE REQUIRED APR 29, 1999 407-843-5442

CR2E037 (1/98)