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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P37380

DIRECT	on Name				
	CARD, INC				
				7 (86)(68) (88 (1811 (888 (1) 8) (8	1111 38 11 8 1411 81611 81611 81611 81611 81611 81611 81611
Principal Plac	ce of Business	Mailing Address		1 1001110111101111111111111111111111111	
1300 CORPOR	ATE CENTER WAY	1300 CORPORATE CENTER	WAY		·
SUITE 105-D		SUITE 105-D			
WEST PALM E	BEACH FL 33414	WEST PALM BEACH FL 334	114	<u> </u>	TE IN THIS SPACE
				3. Date Incorporated or Qualifed	
S Drivers of F	Name of Business	2a. Mailing Address		02/05/1992 4. FEI Number	(<u>^ - - - - - - - - - - </u>
⊢ i :	Place of Business	— ·		· · ·	Applied For
Suite, Apt	# atc	Suite, Apt. #, etc.		54-1547517	Not Applicabl
22 Suite, Apr	#, etc.	— ' ` '		5. Certifcate of Status Desired	Fee Required
City & Sta	to the second second	City & State		A Flanking Constant Financian	
23		28		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	
24	25		30	Personal Property Tax.	Yes No
1241	9. Name and Address of Current			10. Name and Address of New R	
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81 Name		-
	lnikoff, stuart		92 0	(D.O. Bay Number in Mat Assessed	abla)
1300 CORPORATE CENTER WAY			82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
SUITE 105-D			83		
} WE	ST PALM BEACH FL 33414				
]			84 City		FI 85 Zip Code
11 Pursuant	t to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the above-named corr	poration submits this statement for the	purpose of changing its registered
office or	registered agent, or both, in the State of	f Florida. Such change was au	thorized by the corporati	on's board of directors. I hereby accep	of the appointment as registered
		ons of, occiton our loods, Fion	da Statutes.		
SIGNATURE	<u> </u>				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require		DATE FICERS AND DIRECTORS IN 12
12. · πτ.ε					
	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	OFFICERS AND DC MELNIKOFF, STUART S.	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
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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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90067 031 ***150.00