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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000010332 (3)

1. Corporation Name
HOME GREETINGS FRANCHISE CORPORATION

Principal Place of Business	Mailing Address
5301 NORTH FEDERAL HWY. #265 BOCA RATON FL 33487 US	5301 N. FEDERAL HWY. #265 BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 02/10/1993	3a. Date of Last Report: 04/25/1995
4. FEI Number: 65-0400004	Applied For / Not Applicable

2. Principal Place of Business
21 3200 N. Federal Hwy
Suite, Apt. #, etc.
22 Ste 222
City & State
23 Boca Raton, FL
Zip 24 33431 Country 25 US

2a. Mailing Address
26 3200 N. Federal Hwy
Suite, Apt. #, etc.
27 Ste 222
City & State
28 Boca Raton, FL
Zip 29 33431 Country 30 US

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

9. Name and Address of Current Registered Agent

GOODMAN, STEVEN J
5301 NORTH FEDERAL HWY. #265
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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

TITLE	P	☐ DELETE
NAME	GOODMAN, ALBERT L	
STREET ADDRESS	46 FROST HILL RD.	
CITY-ST-ZIP	TRUMBULL CT 36611	
TITLE	S	☐ DELETE
NAME	GOODMAN, EVELYN	
STREET ADDRESS	46 FROST HILL RD.	
CITY-ST-ZIP	TRUMBULL CT 36611	
TITLE	V	☐ DELETE
NAME	GOODMAN, STEVEN J	
STREET ADDRESS	23347 LA VIDA WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	☐ DELETE
NAME	GOODMAN, MARC B	
STREET ADDRESS	23347 LA VIDA WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] STEVEN J. GOODMAN 1/29/96 (407)392-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)