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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000026478 (6) GREETINGS, INC. Principal Place of Business Mailing Address 2788 TENNIS CLUB DRIVE 2788 TENNIS CLUB DRIVE #304 #304 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0404282 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MAASS, ROBB R 321 ROYAL POINCIANA PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 Zip Code 84 City 85 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. (NOTE: Registered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change ☐ Addition TITLE BROWN, GILBERT C 1.2 NAME NAME 2788 TENNIS CLUB DR. #304 13 STREET ADDRESS STREET ADDRESS WREST PALM BEACH FL 33417 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE BROWN, SHIRLEY H 2 2 NAME NAME 2788 TENNIS CLUB DR. #304 STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP 2 4 CITY - ST - 7/P DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELFTE Change ■ Addition TITLE 61 TITLE 6.2 NAME NAME

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, or an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

1/20/98

(919) 932-7816

**FILED** 

Feb 09 1998 8:00am

Secretary of State