

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:15

DOCUMENT # **P93000036063 (4)**

1. Corporation Name

ONUFR'S CARDS, INC.

Principal Place of Business

**2944 PINWOOD RUN
PALM HARBOR FL 34684**

Mailing Address

**2944 PINWOOD RUN
PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/17/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3181183** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business **12955 WALSHINGHAM ROAD**

26. Mailing Address **12955 WALSHINGHAM ROAD**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State **LARGO, FL**

28. City & State **LARGO, FL**

24. Zip **34644** 25. Country **USA**

29. Zip **34644** 30. Country **USA**

9. Name and Address of Current Registered Agent

**ONUFR, MICHAEL
2944 PINWOOD RUN
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 of individual named in registered agent and for 1 year after

(None) (Registered Agent signature required after 1 year)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	ONUFR, MICHAEL	2944 PINWOOD RUN PALM HARBOR FL 34684	
D	ONUFR, MAUREEN	2944 PINWOOD RUN PALM HARBOR FL 34684	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(3)(b), 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: *Michael Onufer* President 4/9/95 (813) 593 2469
DATE: 4/9/95 TELEPHONE: (813) 593 2469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL ONUFR