

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

APPROVED AND FILED

MAY 1 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MOSELEY
GOVERNOR
1995

5-1-95 Bk 3550

DOCUMENT # **P93000062784 (2)**

1. Corporation Name

EXPRESSIONS CARD AND GIFT SHOP, INC.

Principal Place of Business	Mailing Address
4145 PINTA COURT CORAL GABLES FL 33146	4145 PINTA COURT CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date incorporated (or date)	3a. Date of last report
09/01/1993	05/01/1994
4. FEI Number	Applied For
59-3198511	Not Applicable
5. Certificate of Status desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under 5-191(3)(b) Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
State Abb. # of	Date Apr. # of
22	27
City & State	City & State
23	28
Zip	County
24	25
29	30

9. Name and Address of Current Registered Agent

**JACKSON, WINGATE A III
4145 PINTA COURT
CORAL GABLES FL 33146**

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 607.0402 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE: *Wingate A. Jackson III* President *4/29/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS TO CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. NAME	D JACKSON, WINGATE A III	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	4145 PINTA COURT	2. STREET ADDRESS	
3. CITY & STATE	CORAL GABLES FL 33146	3. CITY & STATE	
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and qualify for the exemption stated in the last 1994/95 Florida Statutes. I further certify that the information included on this annual report or supplementary 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 liquidator assigned to issue into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, or both, or on an attachment with an address.

SIGNATURE: *Wingate A. Jackson III* *Wingate A. Jackson III* *4/29/95 4450941*