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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P93000074957 (0)

THE ORIGINAL ALL CARDS 2/\$1 GREETING CARD OUTLET, INC.

Principal Place of Business

DOCUMENT #

Mailing Address



4300 28TH ST.PETERS	NORTH BURG FL 33714	4300 28TH NORTH ST.PETERSBURG FL 33714								
						3. Date Incorporated or Qualified 10/25/1993	3a. Date	11/22/	1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 59-3212775	L		Applied For		
21		26				7.00.7				3
Suite, Apt. #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired		S8.75 Additional Fee Required		
Gity & State		City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Ζω 24	Country 25	Ζιρ 29	Country 30			B. This corporation has liability for intangible tax under s 199.032, Florida Statutes D. Yes No				•
	9. Name and Address of Curren	t Registered Agent		L.,		10. Name and Address of New R	egistered	Agent		
DWARE	R, LAWRENCE A SR			81	Name				-	T
4300 2	18TH STREET			82	Street Addr	odress (P.O. Box Number is Not Acceptable)				
51.PE1	TERSBURG FL 33714			83						٦
				84	City		FL	85 Z	ip Code	1
11. Pursuant to	othe provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-n	amed corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of cha	anging its	registered offic	;є
famil ar with	arid account the obligations of Sorti	in 607,0505, Floridi, Statutes	S. A	JOIFIC	JI BUUT S DOM	or directors. Thereby accept the appo	uniment as	registere	a agent. ram	
SIGNATURE 1	Lauren a	Jupo)			3 1 Dn	H 2	-15	-96	>	
12.	OFFICERS AND			Te: Registered Agont signature recipire 13.		d when reinstating: ADDITIONS/CHANGES TO OFFI	DATE			<u> </u>
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NAME	DWYER, LAWRENCE SR		1.2 N	AME					1	
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CITY - ST - ZIP	ST.PETE FL 33714	· · · · · · · · · · · · · · · · · · ·	1.4 C		r-ZIP					_ [
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STEELT ADDRESS					ADDRESS					
CHY-ST-ZIP			■ 64 CI	TY-S1	- ZiP	or the exemption stated in Section 119.0				- 1

certify that the information indicated on this annual report is 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 12 if changed, or on an attachment with an address.

SIGNATURE:

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-15-96 813-528-664