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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000021096 (0) **DOCUMENT #**

PRECIOUS CARDS & GIFTS INC.							
Principal Place of Business	Maling Address						
784 S.E. US 1 VERO BEACH FL 32962	784 S.E. US 1 VERO BEACH FL 32962						



VERO BEACH FL 32962			VERO BEACH FL 32962									
						03/14/1994 04				of Last Report 4/17/1995		
·	Place of Business	F	Mailing Address				4.	FEI Number			Applied For	
21							59-3229152				Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		28	City & State	itate			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 4]	Country 25	7 ip Country 29 30			,	This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	9. Name and Address of Curren	nt Regist	tered Agent		ļ	· · · · · · · · · · · · · · · · · · ·	10.	Name and Address of New R	egistered A	gent		
					81	Name						
	T, JAMES R				82	Street Add	dress (P.	O. Box Number is Not Acceptab	(e)			
	2ND PL SW				_							
VERO	BEACH FL 34968				83							
					84	City				85	Zip Code	
11 Durquant	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti		14500 E		.	L			FL	1 1		
Signature 12.	Signature, types or printed name of registeren agent. OF FICERS ANI.					it synatore requi			DAH			
ille	P OFFICERS AND	J DIREC	DELETE	13.		····		ADDITIONS/CHANGES TO OFFI				
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AME	GUIST, DEBRA L			221					L) Chang	e 🔲 Addition	
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IAME	GUIST, JENNIFER L			3 2 N	AΜέ				•			
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IAME TREET ADDRESS HTY-ST-ZIP				62 N	AME	ADDRESS				e a g	71d0 (1011	

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 earth; 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.

SIGNATURE:

JAMES R. Guist 3-12-96 569-2369

Deficer OR DIRECTOR