

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000028012 (0)**

1. Corporation Name

CARDZ N MORE, INC.



Principal Place of Business
**4100 CHUKKER DRIVE
WEST PALM BEACH FL 33406**

Mailing Address
**4100 CHUKKER DRIVE
WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0486990	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VAN DUSER, ALFRED R
4100 CHUKKER DRIVE
WEST PALM BEACH FL 33406**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Alfred R. Van Duser
Signature, typed or printed name of registered agent and filed after date

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DUSER, ALFRED R	1.2 NAME	Alfred R. Van Duser
STREET ADDRESS	4100 CHUKKER DRIVE	1.3 STREET ADDRESS	4100 CHUKKER Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	W Palm Beach, FL 33406
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	John Pnaife
STREET ADDRESS		2.3 STREET ADDRESS	15136 77 Place N.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Deborah Pnaife
STREET ADDRESS		3.3 STREET ADDRESS	15136 77 Place N.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Chris M. Wallen
STREET ADDRESS		4.3 STREET ADDRESS	1701 Skees Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	W Palm Beach, FL 33411
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE

Alfred R. Van Duser

Al Van Duser

4-14-98

CP2E034 (10/97)