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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400052438 (6)

ROSEMARY'S CARDS UNLIMITED INC.

0:-::		AA T	,						
Principal Place of Business 300 SO. EAST HWY 19 KINGS BAY PLAZA CRYSRAL RIVER FL 34429		Mailing Address 300 SO. EAST HWY 19 KINGS BAY PLAZA CRYSRAL RIVER FL 3442	9						
						 Date Incorporated or Qualified 07/11/1994 	٠,	te of Last R 1/1996	eport
2. Principal F	Place of Business	2a. Mailing Address		••••		4. FEI Number			oplied Nor
21		26				59-3263669			ot Appl chible
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	1 1
City & Stat	е	City & State		•		6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	[]	Added 1	
Zip	Country	Zip	Cou	ntry		This corporation has liability for the Statutes		tax under s. T No	. 199.032,
24	25] 9. Name and Address of Curre	nt Registered Agent	30			Florida Statutes 10. Name and Address of New F			
I/AB		The State of the S		81	Name	10. 11 11	-g.b	190111	
	ACINSKI, JOSEPH EAST MCKINLEY ST.								
	NANDO FL 32642			82	Street Add	dress (P.O. Box Number is Not Accepte	ible)		
// I I	TRAIDO I E OPONE			83					
			İ	84	City			ارمنت عوا	dedu la
				04	Oily		FL	85 34	442
SIGNATURE	Signafule: typed is printed name of registered ag	Paccustic (NC policable (NC	M. Registered			ation's board of directors. I hereby acc	DATE		
12.	OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 TO			ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
TITLE NAME	KABACINSKI, JOSEPH	L Dettile	1.2 NA					Change	AUGIROII
STREET ADDRESS	1684 EAST MCKINLEY ST.		1		ADDRESS				
CITY-ST-ZIP	HERNANDO FL 32642		1.4 CI						
TITLE	D	DELETE	2.1 TO					Change	Addition
NAME	KABACINSKI, ROSEMARY		2.2 NA	ME	İ				
STREET ADDRESS	1684 EAST MCKINLEY ST.		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	HERNANDO FL 32642		2 4 C		1 - ZIP				
TITLE		L DELETE	3.1 TIT		1	•		☐ Change	☐ Addition
NAME STREET ADDRESS			3.2 NA		ADDRESS				
CITY-ST-ZIP			3.4. CI						
TITLE		DELETE	4.1 111		J*2Ir			☐ Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4.CI	1Y-S1	-ZIP				
TITLE		☐ DELETE	5 1 Tut					☐ Change	Addition
NAME			5.2 NA					4	11
STREET ADDRESS	•				ADDRESS		•	ر ۲	alnlat
CITY-ST-ZIP TITLE		☐ DELFTE	5.4 CI		T- ZIP			☐ Change	Addition
NAME		ptul	6.2 NA			50000229	1860		
STREET ADDRESS					ADDRESS	50000229 -09/19/97011	0603	:6	
CITY OF TIP				IV CT	- 1	***CZU UU	The second	-	

14. I do 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 by changed, or on an autochright with an address.