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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000052438 (6) DOCUMENT # 1. Corporation Name

ROSEMARY'S CARDS UNLIMITED INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						PLEASE NIGHT AND THE STATE IN THE STATE OF T	
300 SO. EAST HWY 19 300 SO. EAST HW			1				5
KINGS BAY PLAZA CRYSRAL RIVER FL 34429		KINGS BAY PLAZA CRYSRAL RIVER FL 34429		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	:
						07/11/1994	
	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-3263669	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8,75 Additional Fee Required
22 City & State		City & State		C Firstian Comparing Financian	<u> </u>		
23		28			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry	,	8. This corporation owes or has paid the o	
24	25	29	30			Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registers	d Agent
KA	Bacinski, Joseph			81	Name		
	M EAST MCKINLEY ST.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
HE	RNANDO FL 32842						
				83			
				84	City	F	85 Zip Code
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							
	Signature, typed or printed name of registered agen			d Age	ant signature requir	ed when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	d Kabacinski, Joseph	☐ DELETE	1,1 TF				C cisude C vonnon
NAME	1684 EAST MCKINLEY ST.		1.2 N				;
STREET ADDRESS	HERNANDO FL 32642				ADDRESS		ļ <u> </u>
CITY-ST-ZIP TITLE	D	DELETE	DELETE 2.1 T		ST-ZIP		Change Addition
NAME	KABACINSKI, ROSEMARY		2.2 N				
STREET ADDRESS	1684 EAST MCKINLEY ST.				ADDRESS		
CITY-ST-ZIP	HERNANDO FL 32642		2.40	aTY-S	ST-ZIP		
TITLE		DELETE		.1 TITLE		,	Change Addition
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S1	TREET	ADDRESS		
CITY-ST-ZIP			3.4. C	3.4. CITY - ST - ZIP			
TITLE			4.1 Ti	TLE			L Change L Addition
NAME			4. 2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		T NELETE			ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 Ti				Change Addition
NAME			5.2 N/		1000000		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CI 6.1 TI		51 - ZIP		Change Addition
TITLE NAME		L. J.CCCC	6.2 N				
STREET ADDRESS					ADDRESS		
					ST-ZIP		
CITY-ST-ZIP	artify that the information cumplied we	h this filing does not qualify				Section 119 07(3)(i) Florida Statutes, Lfurther	certify that the information

receive certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 changes or on an attachment with an address.