


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000075156 (7)					
1. Corporation Name THE MILITARY PLAYING CARD COMPANY					
Principal Place of Business 500 DOUGLAS AVE. UNIT C DUNEDIN FL 34698			Mailing Address 500 DOUGLAS AVE. UNIT C DUNEDIN FL 34698-7804		
2. Principal Place of Business 21 500 Douglas Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 500 Douglas Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/10/1994	
22 City & State Dunedin, FL		27 City & State Dunedin, FL		3a. Date of Last Report 10/14/1996	
23 Zip 34698		28 Zip 34698		4. FEI Number 58-3270650	
24 Country U.S.A.		29 Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent FAESSLER, MICHAEL 500 DOUGLAS AVE. UNIT C DUNEDIN FL 34698			10. Name and Address of New Registered Agent 81 Name Faessler, Michael 82 Street Address (P.O. Box Number is Not Acceptable) 500 Douglas Ave. 83 84 City Dunedin FL 85 Zip Code 34698		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	FAESSLER, MICHAEL				
STREET ADDRESS	554 MILWAUKEE AVE., UNIT A				
CITY-ST-ZIP	DUNEDIN FL 34698				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	ALBANO, LOUIS A.				
STREET ADDRESS	708 MADERA AVENUE				
CITY-ST-ZIP	CLEARWATER FL 34625				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Albano, Louis A.				
1.3 STREET ADDRESS	939 Bayshore Blvd.				
1.4 CITY-ST-ZIP	Safety Harbor, FL 34685				
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Faessler, John J.				
2.3 STREET ADDRESS	16 Paradise Loop				
2.4 CITY-ST-ZIP	Treasure Island, FL 33706				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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 if changed, upon an attachment with an address.					
SIGNATURE: MICHAEL FAESSLER APRIL 22, 1997 815-734-0012					

CR2E034 (9/96)