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

PROFIT
CORPORATION
ANNUAL REPORT
1998
OCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # P95000038592 (8) 1. Corporation Name HERITAGE GREETINGS, INC.					H HAAL ALLA WALAAT HAL	
Principal Place of Business 3410 GULF BREEZE PKWY		Mailing Address PO BOX 1473			- 1 10Eriode sid inid: ditti galit ditti garad bi	
GULF BREEZE FL 32562 US		GÜLF BREEZE FL 32562 US			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 05/09/1995	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26 Suite, Apt. #, etc.				59-3313693	Not Applicable
Suite, Apt.			> .		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	6. This corporation owes or has paid the cu	
24	9. Name and Address of Curre	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
GU	INTER, LARRY		8	1 Name		
	05 SOUNDSIDE DR			2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
GU		L		dross (F.O. Dox Horrigan is Not Acceptable)		
			8	3		
			8	4 City	FL	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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered a	gent and atte if applicable (NOT	E: Registered A	geni signalure req	quired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	OLEMPED LABOUR		1.1 TITLE	1		Change Addition
NAME STREET ADDRESS	A A A E A CALIFORNIA DE DE		1.2 NAM	ET ADDRESS		18
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY			
TITLE			2.1 TifLi			Change Addition
NAME	SCRIBNER, GEORGE		2.2 NAM	E		
STREET ADDRESS	501 E BURGESS RD		23 STRE	ET ADDRESS		
CITY-ST-ZIP TITLE			2. 4 C/TY 3.1 T/T/L			Change Addition
NAME	OLEFTO DEPLOOP		3.2 NAM			ET CHANGE ET MODITOR
STREET ADDRESS	4405 SOUNDSIDE DR		1	ET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		3.4. CITY	-\$T-ZIP		
TITLE		☐ DELETE	DELETE 4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAV			
STREET ADDRESS				ET ADDRESS		Ì
CITY-ST-ZIP TITLE		DELETE	4.4 City 5.1 Title			Change Addition
NAME			5.2 NAM	ì		
STREET ADDRESS				ET ADDRESS		1
CITY-ST-ZIP			5.4 CITY	, i		
TITLE		DELETE	6171716			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 SYRE	ET ADDRESS		

14. Thereby 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 trayecciver 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 the return of the second statutes.

SIGNATURE:

4/30/98

850-932-1977