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

## CORPORATION ANNUAL REPORT 1998 DOCUMENT # Principal Place of Business 13971 N. CLEVELAND AVENUE N. FT. MYERS FL 33903 2. Principal Place of Business 21 Suite Ant. #. etc. 22 City & State

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** May 01 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS P96000043675 (3) 2-1:00 CARDS, ETC., INC. Mailing Address 13971 N. CLEVELAND AVENUE N. FT. MYERS FL 33903 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1996 2a. Mailing Address Applied For 26 65-0676006 Not Applicable Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes 29 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUSSELL JEFFREY L Jeffrey 1 4210 YARMOUTH CT 82 Street Addr N. FT. MYERS FL 33903 83 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 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. Jeffrey L. Russell, Pres. 4.2 2.98 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change \_\_\_ Addition TITLE 1.1 TITLE NAME RUSSELL, JEFF L 1.2 NAME **4210 YARMOUTH CT** STREET ADDRESS 1.3 STREET ADDRESS N. FT. MYERS FL 33903 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffry I Russell Pra

Jeffrey L. Russell fres.

4-22-88