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

PROFIT CORPORATION ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

199	7

DOCUMENT # P96000083301

The Extra Value Card, Inc.

9. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

Kathie

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

Sum

13517 Clearly Tree Ct. Ft. Plyers Fl 33912

13517 C/XIIY TIEC

Samo

NS	Secretary of State				
	-				
	Date Incorporated or Qualified	3a. Date of L	ast Report		
	10-09-96	NI	A		
	4. FEI Number 65 0700230	-	Applied For Not Applicable		
	5. Certificate of Status Desired		75 Additional ee Required		
	6. Election Campaign Financing Trust Fund Contribution		.00 May Be		
	8. This corporation has liability for in Florida Statutes	tangible tax un Yes	der s. 199.032,		
	10. Name and Address of New Reg	istered Agent			
Name					
Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
City		FL 85	Zip Code		
named corporation	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of chang the appointme	ging its registered int as registered		
I and the second	ul ukani alainal	DATE			
s Sharine require	kt when reinstating) ADDITIONS/CHANGES TO OFFICE		CTORS IN 12		
7	resident	⊠ Ch			

FILED

Jun 02 1997 8:00am

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporatio agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

61 Name

83 84 City

- 6									
SIGNATURE									
	Signature: typed or printed reme of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	President DELETE	1.1 TITLE	President	Change Change	☐ Addition				
NAME	STAT WINKIET AUC #324	1.2 NAME	Kattric K. Croper						
STREET ADDRESS		1 3 STREET ADDRESS	13571 Cherry Tree (7.					
CITY-ST-ZIP	Ft. Myers 16 32916	1.4 CITY - ST - ZIP	Hatine K. Geier 13571 Cherry Tree (Fl. Myers FL 3391)	<u> </u>					
TITLE	Vice President DELETE	2.1 TITLE	Vice President	(Z) Change	Addition				
NAME	Stanley J. Geier	2 2 NAME	Stanley 7. Gen						
STREET ADDRESS	Storley J. Beier 3787 Winkler Ave #374	2.3 STREET ADDRESS	Stanley J. Gener 13571 Cherry Tree C	4.					
CITY-ST-ZIP	F1-MVC15 F6 33916	2 4 CITY - ST - ZIP	Ft. Myers FL 325113)					
TITLE	☐ DELETE	3171716 -	7	Change	Addition				
NAME		3.2 NAMS							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY - ST - ZIP		3.4 CITY-ST-ZIP							
TITLE	DELFTE	4.1 1(1) [Change	Addition				
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4 4 CITY - ST - ZIP							
TITLE	DELETE	5 1 TITLE		Change	Addition				
NAME		5.2 NAME	500002208 -06/11/9701052-	605					
STREET ADDRESS		5.3 STREET ADDRESS		U11					
CITY - ST - ZIP		5.4 CITY - S1 - 7-P	***165.08						
TITLE	☐ DELETE	6111111		Change	Addition				
NAME		6.2 NAME		₽	3				
STREET ADDRESS		63 STREET ADDRESS		',	2				
CITY-ST-ZIP		6.4 CITY - ST - ZIP		t	· •				

14. I do hereby certify that the information supplied with this fining 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 each; that I am an officer or director of the corporation or I he 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-768-606