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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600083301 (7)

THE EXTRA VALUE CARD. INC.

FILED
Apr 15 1998 8:00am
Secretary of State



FT. MYERS FL 33912 FT. MYERS FL 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 13577 Cherry 26 65-0700230 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Ft. Myers 23 Trust Fund Contribution Added to Fees 28 Country This corporation owes or has paid the current year Intangible USA 29 Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GEIER, KATHIE K 13577 CHERRY TREE CT. R2 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33912 83 84 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 prioled name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 THUE GEIER, KATHIE K NAME 1.2 NAME 13577 CHERRY TREE CT. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 14 CITY-ST-7IP ☐ DELETE Change ☐ Addition TITLE 21 TITLE **GEIER, STANLEY J** NAME 2.2 NAME STREET ADDRESS 13577 CHERRY TREE CT. 23 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 of 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, or on an attachment with an address.