

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000088866 (3)**

1. Corporation Name
CARD* ECOMM, INC.



Principal Place of Business 2115 PALM BAY ROAD SUITE 1-E PALM BAY FL 32905	Mailing Address 2115 PALM BAY ROAD SUITE 1-E PALM BAY FL 32905
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1311 N. HIGHWAY US 1 Suite, Apt. #, etc. 22 SUITE 129-Q City & State 23 TITUSVILLE, FLORIDA Zip 24 32796	25 USA 26 3331 BURKELAND PLACE Suite, Apt. #, etc. 27 28 MELBOURNE, FLORIDA Zip 29 32934-2901 Country 30 USA

3. Date Incorporated or Qualified 10/14/1997	4. FEI Number 59-3472991	Applied For <input type="checkbox"/> Not Applicable
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DIXON, SCOTT C
 2115 PALM BAY ROAD
 SUITE 1-E
 PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name FREDERICK O. HAWKES
82 Street Address (P.O. Box Number is Not Acceptable) 3331 BURKELAND PLACE
83
84 City MELBOURNE FL 85 Zip Code 32934-2901

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 *Fredrick O. Hawkes* **FREDERICK O. HAWKES** **9-28-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT <input type="checkbox"/> DELETE	NAME FREDERICK O. HAWKES
STREET ADDRESS 3331 BURKELAND PLACE	CITY-ST-ZIP MELBOURNE, FL 32934-2901
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE	NAME BRENDA LEE HAWKES
STREET ADDRESS 3331 BURKELAND PLACE	CITY-ST-ZIP MELBOURNE, FL 32934-2901
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
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME FREDERICK O. HAWKES
1.2 STREET ADDRESS 3331 BURKELAND PLACE	1.3 CITY-ST-ZIP MELBOURNE, FL 32934-2901
2.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BRENDA LEE HAWKES
2.2 STREET ADDRESS 3331 BURKELAND PLACE	2.3 CITY-ST-ZIP MELBOURNE, FL 32934-2901
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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, or on an attachment with an address.

SIGNATURE: *Fredrick O. Hawkes* **FREDERICK O. HAWKES** **9-28-98** **407-752-3976**

CRZE034 (5/98)