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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000057458

1. Corporation Name

HAPPY CARDS, U.S.A., INC.

Principal Place of Business
7310 SUNSHINE SKYWAY LANE
SUITE 114
ST. PETERSBURG FL 33711

Mailing Address
7310 SUNSHINE SKYWAY LANE
SUITE 114
ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 101 WHITAKER ROAD

Suite, Apt. #, etc.

22 SUITE 2

23 LUTZ, FLORIDA

24 33549 25 USA

2a. Mailing Address

26 101 WHITAKER ROAD

Suite, Apt. #, etc.

27 SUITE 2

28 LUTZ, FL

29 33549 30

9. Name and Address of Current Registered Agent

SICHEL, TERRY
7310 SUNSHINE SKYWAY LANE
SUITE 114
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name TREVOR SICHEL

82 Street Address (P.O. Box Number is Not Acceptable)
101 WHITAKER ROAD

83 SUITE 2

84 City LUTZ FL 85 Zip Code 33549

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SICHEL, TREVOR
STREET ADDRESS 7310 SUNSHINE SKYWAY LANE
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME V.P. TERRY JACK
1.3 STREET ADDRESS 101 WHITAKER RD
1.4 CITY-ST-ZIP LUTZ, FL. 33549

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-16-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #