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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

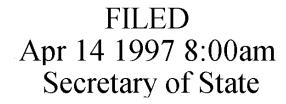
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S98194

(1)

GREETINGS INTERNATIONAL, INC.

Mailing Address





Principal Plac	ce of Business	Mailing Address				I LOURING THE LOUIS THE LOUIS FROM REAL WICH STOM GROW GIVEN DIVIN BIRLI BIRLI DIVIN LEDT
7419 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652		7419 U.S. HIGHWAY 18 NEW PORT RICHEY FL 34652-1240				
						3. Date incorporated or Qualified 3a. Date of Last Report 04/12/1996
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26	****			59-1975872 Not Applicable
Suite. Apt.	, #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired Section Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	 			Trust Fund Contribution Added to Fees
Ζφ []]]	Country	Zip	\vdash	untry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 25 Name and Address of Current	Registered Agent	30			Florida Statutes Yes K No 10. Name and Address of New Registered Agent
OAF		Undistain viaili		81	Name	
	RTER, DAVID R. ESQUIRE			Ľ	110,,,,,	
	9 U.S. HIGHWAY 19 W PORT RICHEY FL 34652			82	Street	Address (P.O. Box Number is Not Acceptable)
1161	N FURI NICHET FE 34036			83	i	
				84	City	85 Zip Code
I				54	City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agent		TE: Register		nt signature	a required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE		TITLE		Change Addition
NAME	REGAN, DAVID MARK		1.2	NAME		
STREET ADDRESS			1.3	STREET	ADDRESS	
CITY - ST - ZIP	SHIPLEY, W.YORKSHIRE		141	CITY-S	T-ZIP	
TITLE	TD	☐ DELETE	21	TITLE	!	TD L. Best
NAME	SNOWDEN, DAVID JAMES			NAME		
STREET ADDRESS	1 ***		2.3	STREET	ADDRESS	Regent Hse, Dockfield Rd
CITY - ST - 7/P	SHIPLEY, W. YORKSHIRE	La Contraction			ST-ZIP	Shipley, W. Yorkshire
THE	CUNTON ADOLLE MADICADET	EX DELETE		TITLE		Change Addition
NAME CARREST AND DECEM-	SUNDA, ADELLE MARGARET 123 GROSVENOR AVE	,	- 1	NAME	******	
STREET ADDRESS CITY-ST-ZIP	HIGHBURY, LONDON ENG			CITY-:	ADDRESS	
TITLE	\$0 /	DELETE		TITLE	2(- TIL	Change Addition
NAME	REGAN, TERRENCE		- 1	NAME		
STREET ADDRESS		D	L		ADDRESS	
CHY-ST-ZIP	SHIPLEY W			CITY-S		
TiflE		DELETE		TITLE		Change Addition
NAME	}		5.2	NAME		
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZiP		7-4 -2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		CITY - S	T-ZIP	
THUF		☐ DELETE		TIFLE		Change Addition
NAME			1	NAME		
STREET ADDRESS	1		- 1		ADDRESS	
CITY - ST - ZIP	l		6.4	CITY - S	17 - ZIP	

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR