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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66491

(4)

GREETING CARD OUTLET IV, INC.

## FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			-{	OL BANKIN ORBITA BANKA DA	ii didii bidii ibbi		
9500 SEMINOLE BLVD.	9500 SEMINOLE BLVD.						
UNIT 7 SEMINOLE FL 39772 UNIT 7 SEMINOLE FL 34642				DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
US	US			3. Date Incorporated or Qualified			
•				09/23/1992			
2. Principal Place of Business	2a. Mailing Address			4, FEI Number		Applied For	
	26			59-3142286		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional	
<del></del>	City & State					e Required	
City & State				6. Election Campaign Financing Trust Fund Contribution	<b>—</b> 1	.00 May Be ded to Fees	
Zip Country			ntry	8. This corporation owes or has pa	<del></del>		
2425	29 30			Personal Property Tax due June		□ No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Re	gistered Agent		
HOLLAND, DEBBIE L.		]	81 Name				
9500 SEMINOLE BLVD.		<u> </u>	82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)		
UNIT 7		-	83				
SEMINOLE FL 33772			03				
			84 City		FL 85	Zip Code	
11, Pursuant to the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statut	es, the ab	ove-named corp	poration submits this statement for the p	ourpose of chang	ing its registered	
office or registered agent, or both, in the State of F agent, I am familiar with, and accept the obligation	Horida. Such change was a ns of, Section 607.0505, Flo	authorizec orida Statu	' by the corporat ites.	ion's board of directors. I hereby accep	pt the appointme	nt as registered	
SIGNATURE							
Stgnature, typed or printed name of registered agent an			Agent a grature requir		DATE	2000 1110	
12. OFFICERS AND D	DELETE	13.	F	ADDITIONS/CHANGES TO OFFICE	Cha		
NAME HOLLAND, DEBBIE L.	ED better	1.2 NA			<u></u>		
STREET ADDRESS 7310 5TH AVE. N.			EET ADDRESS				
CITY-ST-ZIP ST PETERSBURG FL			Y-ST-ZIP				
TITLE D	<del></del>				☐ Cha	nge 🔲 Addition	
NAME <b>HOLLAND, KITTY</b>			ME .				
STREET ADDRESS 8010 70TH STREET NORTH		2.3 STF	EET ADDRESS			Į.	
CITY-ST-ZIP PINELLAS PARK FL	F 1 and 1 and 1		Y-ST-ZIP			<b>7</b>	
TITLE	L_J DELETE	3.1 TIT			L Cha	nge 🔲 Addition	
NAME		3.2 NAI				l	
STREET ADDRESS			EET ADORESS				
CITY-ST-ZIP TITLE	DELETE	4.1 TIT	Y-ST-ZIP		Cha	nge Addition	
NAME	<b>L.</b>	4. 2 NA	Ļ				
STREET ADDRESS		1	EET ADDRESS				
CITY-ST-ZIP		4.4 CfT	Y-\$1-ZIP				
TITLE	DELETE	5.1 1(1	.E		☐ Cha	nge Addition	
NAME		5.2 NAI	AE.				
STREET ADDRESS		5.3 STA	EET ADDRESS			i	
CITY-ST-ZHP			Y-ST-ZIP				
TITLE	DELETE	6.1 T/T			☐ Cha	nge 🔲 Addition	
NAME		6.2 NA					
STREET ADDRESS							
CITY-ST-ZIP			EET ADDRESS (-St-Zip				

1. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 receivery trusted empsyment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing on an attachyright with a padrigs.

CICALATUDE.

ova J. Hollage

4-11-98 (813) 384-0412