

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

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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845456 (3)
 1. Corporation Name
EVENSON CARD SHOPS, INC.



Principal Place of Business 2501 MCGEE P O BOX 41947 TAX 407 KANSAS CITY MO 64141 US	Mailing Address 2501 MCGEE P O BOX 419479 TAX 407 KANSAS CITY MO 64141-6479 US
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3. Date Incorporated or Qualified 03/11/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1188220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State: Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State: Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	FIRNHABER, ROEBRT D	
STREET ADDRESS	3521 WEST 87TH STREET	
CITY-ST-ZIP	LEAWOOD KS 66206	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, CHARLES J JR	
STREET ADDRESS	712 EAST 47TH STREET	
CITY-ST-ZIP	KANSAS CITY FL 66208	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	WHITTAKER, JUDITH	
STREET ADDRESS	5900 MISSION DRIVE	
CITY-ST-ZIP	MISSION HILLS KS 66208	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEAVER, DENNIS	
STREET ADDRESS	1264 JUNIPER CIRCLE	
CITY-ST-ZIP	LEAWOOD KS 66209	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRECIAN, JERRY	
STREET ADDRESS	13819 WOODWARD	
CITY-ST-ZIP	OVERLAND PARK KS 66223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENSON, LARRY	
STREET ADDRESS	12847 WESTGATE	
CITY-ST-ZIP	OVERLAND PARK KS 66213	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Firnhaber, Robert D.	
1.3 STREET ADDRESS	3521 West 87th Street	
1.4 CITY-ST-ZIP	Leawood, KS 66206	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hofferberth, Ann M.	
2.3 STREET ADDRESS	4845 Alden Road	
2.4 CITY-ST-ZIP	Shawnee, KS 66216	
3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Whittaker, Judith	
3.3 STREET ADDRESS	5900 Mission Road	
3.4 CITY-ST-ZIP	Mission Hills, KS 66208	
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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chalker, Richard B.	
5.3 STREET ADDRESS	8830 Catalina Drive	
5.4 CITY-ST-ZIP	Prairie Village, KS. 66207	
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 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: *Richard B. Chalker* Assistant Secretary *Richard B. Chalker* 4/3/97 (916) 274-4170

CR2E034 (9/96)