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Mar 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F64602

1. Corporation Name
THE CARD AND GIFT GALLERY, INC.



Principal Place of Business
 1397 KASS CIRCLE
 SUITE 107
 SPRINGHILL FL 34606-4310
 US

Mailing Address
 1397 KASS CIRCLE
 SUITE 107
 SPRINGHILL FL 34606-4310
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1373 Kass Circle
 Suite, Apt. #, etc.
 22
 City & State
 23 Spring Hill, FL
 Zip Country
 24 34606 25 US

2a. Mailing Address
 26 1373 Kass Circle
 Suite, Apt. #, etc.
 27
 City & State
 28 Spring Hill, FL
 Zip Country
 29 34606 30 US

3. Date Incorporated or Qualified
01/26/1982

4. FEI Number
59-2189866

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

9. Name and Address of Current Registered Agent
ADJAN, LOUIS
1397 KASS CIRCLE
SUITE 107
SPRINGHILL FL 34606

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADJAN, IRENE E	1.2 NAME	
STREET ADDRESS	1397 KASS CIRCLE STE 107	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADJAN, LOUIS	2.2 NAME	
STREET ADDRESS	1397 KASS CIRCLE STE 107	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BROCTO, BARBARA	3.2 NAME	
STREET ADDRESS	7373 SPRING HILL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Louis Adjan* Louis Adjan 3-10-99 352-683-0320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)