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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

26

27

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Country

9. Name and Address of Current Registered Agent

25

WEST PALM BEACH FL 33406

SNAYD, PATRICIA S

7104 PINE TREE LANE

1800 FOREST HILL BLVD #12A

WEST PALM BEACH FL 33406

1999 **DOCUMENT # 548672**

1. Corporation Name RED BALLOON, INC.

Principal Place of Business

1800 FOREST HILL BLVD #12A

WEST PALM BEACH FL 33406

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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City 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required wh Signature, typed or printed name of registered agent and title if applicable. 13. OFFICERS AND DIRECTORS 12. 1.1 TITLE DELETE TITLE 1.2 NAME SNAYD, RAYMOND R NAME 1.3 STREET ADDRESS 7104 PINE TREE LANE STREET ADDRESS 1.4 CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP 2.1 TITLE DELETE PST TITLE 2.2 NAME SNAYD, PATRICIA S NAME 2.3 STREET ADDRESS 7104 PINE TREE LANE STREET ADDRESS 2.4 CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP 3.1 TITLE DELETE TITLE 3.2 NAME SECTION OF 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE DELETE TITLE 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP

Country

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FILED Feb 02, 1999 8:00am **Secretary of State**

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	DO NOT WRIT	E IN THIS	SPACE	
	3. Date Incorporated or Qualifed			
	10/06/1977			
	4. FEI Number		Applied For	
	59-1849638		Not Applicable	
	59-1043030		\$8.75 Additional	
	5. Certificate of Status Desired		Fee Required	
	·			
	6. Election Campaign Financing	П	\$5.00 May Be	
	Trust Fund Contribution		Added to Fees	
	8. This corporation owes the curr	ent vear in	ntangible	
	8. This corporation owes the cur	O(11) U = 1	∐Yes □No	
	Personal Property Tax.	Pagietore	1 Agent	
	10. Name and Address of New	Registeres	7.79	
Name				
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		, , , , , , , , , , , , , , , , , , , ,	85 Zip Code	
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City	• •	<u>-</u> -		
	poration submits this statement for the	e purpose	of changing its registered	
he corporat	poration submits this statement for the ion's board of directors. I hereby acce	ept the app	John Miletti as regions	
		DATE		2
t signature requir	ed when reinstating) ,		AND DIRECTORS IN 12	(90) 141 (08)
	ADDITIONS/CHANGES TO O	FFICERS	☐ Change ☐ Addition	
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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 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. STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

5.4 CITY-ST-ZIP 6.1 TITLE

6.3 STREET ADDRESS

76012001 P.T.

做证的证据

CITY-ST-ZIP

CITY-ST-ZIP

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NAME STREET ADDRESS

TITLE

NAME

DELETE

DELETE