

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F49455** (1)

1. Corporation Name
THE PARTY KING, INC.



Principal Place of Business: **7802 NW 44 ST SUNRISE FL 33351**
Mailing Address: **7802 NW 44 ST SUNRISE FL 33351**

2. Principal Place of Business	2a. Mailing Address
21. Subtr. Apr. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
9. Name and Address of Current Registered Agent	

**TARSHIS, JOSEPH
8357 NW 14TH COURT
CORAL SPRINGS FL 33351**

3. Date Incorporated or Qualified 10/01/1981	3a. Date of Last Report 04/21/1995
4. FEI Number 59-2143573	Applied For 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	
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 607.0042 and 607.1502, 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. The only accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0050, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: TARSHIS, MARILYN	
3. STREET ADDRESS: 8357 NW 14TH COURT	
4. CITY, ST, ZIP: CORAL SPRINGS FL	
5. TITLE: DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: TARSHIS, JOSEPH	
7. STREET ADDRESS: 8357 NW 14TH COURT	
8. CITY, ST, ZIP: CORAL SPRINGS FL	
9. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: <input type="checkbox"/> DELETE	
11. STREET ADDRESS: <input type="checkbox"/> DELETE	
12. CITY, ST, ZIP: <input type="checkbox"/> DELETE	
13. NAME: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS: <input type="checkbox"/> DELETE	
15. CITY, ST, ZIP: <input type="checkbox"/> DELETE	
16. NAME: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS: <input type="checkbox"/> DELETE	
18. CITY, ST, ZIP: <input type="checkbox"/> DELETE	
19. NAME: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS: <input type="checkbox"/> DELETE	
21. CITY, ST, ZIP: <input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied to this report is true and correct and that the information furnished does not qualify for the exemption states in Section 119.07(5)(b), Florida Statutes. I further certify that the information provided 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. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. A change, or an addition, must be accompanied with an address.

SIGNATURE: *Joseph Tarshis* **JOSEPH TARSHIS** 4-8-96 954-748-1442

CR2E034 (12/95)