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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F96000001419 (8)

PARTY CITY CORPORATION

Principal Place of Business

Mailing Address

400 COMMONS WAY ROCKAWAY NJ 07868

400 COMMONS WAY ROCKAWAY NJ 07866-2027

## FILED May 07 1997 8:00am Secretary of State



|   |  |                     |                    |                 | 3. Date Incorporated or Qualified                       | 3. Date Incorporated or Qualified 3a. Date of East Report 03/20/1996 |             |                             |  |
|---|--|---------------------|--------------------|-----------------|---|--|-------------|-----------------------------|--|
| 2 Principal D   | lace of Business                       | 28. Mailing Address |                    |                 | 4. FEI Number   | <del></del>  |             | plied for                   |  |
| 21  | ingo or Edgingss                       | r1                  |                    |                 | 22-3033692  |  | —— <u>-</u> | pplied For<br>ot Applicable |  |
| 26  |  |                     |                    |                 | ££ 000007£  |  |             |                             |  |
| 22  |  | 27                  |                    |                 | 5. Certificate of Status Desired                        | Certificate of Status Desired Sacratic Status Desired Fae Required   |             |                             |  |
| City & State  | θ                                      | City & State        |                    |                 | Election Campaign Financing     Trust Fund Contribution | ,                              |             |                             |  |
| Zip   | Country                                | Zip                 | Count              | ry              | 8. This corporation has liability for                   | intanoible ta  |             |                             |  |
| 24  | 25                                     | 29                  | 30                 |                 |   |  |             |                             |  |
|   | 9. Name and Address of Curren          |                     |                    |                 | 10. Name and Address of New Ro                          | gistered Ag  | ent         |                             |  |
| CT  | CORPORATION SYSTEM                     |                     | 8                  | 1 Name          |   |  |             |                             |  |
| 1200 SOUTH PINE ISLAND ROAD   |  |                     |                    | Olean)          | Address (D.O. Bay N. Jahan in that Appends              | hin  |             |                             |  |
|   | NTATION FL 33324                       |                     | 82                 |                 | treet Address (P.O. Box Number is Not Acceptable)       |  |             |                             |  |
|   | ······································ |                     | 8                  | 3               |   |  |             |                             |  |
|   |  |                     | 8                  | 4 City          |   |  | 85 Zip (    | Code                        |  |
|   |  |                     | 6                  | T City          |   | FL   | pa zib i    | COCIO                       |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. |  |                     |                    |                 |   |  |             |                             |  |
| SIGNATURE Signature, typed or printed name of registered agent and tire if applicable (NOTE Registered Agent signature required when re-instating)  DATE  Only  |  |                     |                    |                 |   |  |             |                             |  |
| 12.   | OFFICERS AND DIRECTORS 13              |                     | 13.                |                 | ADDITIONS/CHANGES TO OFFE                               | CERS AND D   | PIRECTOR    | IS IN 12                    |  |
| TITLE   | PC                                     | DELETÉ              | 1 1 TITLE          |                 | S/D   |  | Change      | Addition                    |  |
| NAME  | MANDELL, STEVEN                        |                     | 1.2 NAMI           | E               | David Lauber  |  |             |                             |  |
| STREET ADDRESS  |  |                     | 1.3 STRE           | EL ADDRESS      | 18 Canaan Place   |  |             |                             |  |
| CITY-ST-ZIP   | RANDOLPH NJ 07889                      |                     | 1.4 CITY           |                 | Allendale, NJ 07401                                     |  |             |                             |  |
| TITLE   | DV                                     | X DELETE            | 2.1 1111.6         |                 | HILLOHULLES MU V/ HVI                                   |  | Change      | Addition                    |  |
| NAME  | KAPLAN, PERRY                          |                     | 2.2 NAM            | f               |   |  |             |                             |  |
| STREET ADDRESS  | DRESS 9 SWEETWOOD DRIVE                |                     | 2.3 STREET ADDRESS |                 |   |  |             | · '                         |  |
| CITY-ST-ZIP   | DANDOLDU ALLAZORO                      |                     | 2. 4 CITY          |                 |   |  |             | 1                           |  |
| TITLE   |  | DELETE              | 3.1 TOLE           |                 |   |  | Change      | Addition                    |  |
| NAME  |  |                     | 3.2 NAMI           | ŧ               |   |  |             |                             |  |
| STREET ADDRESS  |  |                     |                    | LT ADDRESS      |   |  |             |                             |  |
| CITY-ST-ZIP   |  |                     | 3.4. CITY          |                 |   |  |             |                             |  |
| TITLE   |  |                     | 4.1 1111.6         |                 |   |  | Change      | Addition                    |  |
| NAME  |  |                     | 4. 2 NAM           | IF              |   |  |             |                             |  |
| STREET ADDRESS  |  |                     |                    | ET ADDRESS      |   |  |             |                             |  |
| CITY-ST-ZIP   |  |                     | 4.4 CITY           |                 |   |  |             |                             |  |
| TITLE   |  | ☐ DELETE            | 51101              |                 |   |  | Change      | Addition                    |  |
| NAME  |  |                     | 5.2 NAMI           | Ε               |   |  |             | ļ                           |  |
| STREET ADORESS  |  |                     |                    | -<br>Et address |   |  |             |                             |  |
| CITY-ST-ZIP   |  |                     | 5.4 CITY           |                 |   |  |             |                             |  |
| TITLE   |  | DELETE              | 6.1 TITLE          |                 |   | Ε.   | Change      | Addition                    |  |
| NAME  |  |                     | 6.2 NAM            |                 |   | -  | -           |                             |  |
| STREET ADDRESS  |  |                     |                    | -<br>ET ADORESS |   |  |             |                             |  |
| CITY-ST-ZIP   |  |                     | 6.4 City           |                 |   |  |             |                             |  |
| 311 31 211  | L                                      |                     | U.7 KH11           |                 | <u> </u>  |  |             |                             |  |

4. 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 eath; 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 algorithm with an address.

Ulmlan