

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **F9600000 1419**
 1. Corporation Name:
PARTY CITY CORPORATION

Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14851 S. DIXIE HWY Suite, Apt. #, etc. 22 _____		2a. Mailing Address 26 400 COMMONS WAY Suite, Apt. #, etc. 27 _____		3. Date Incorporated or Qualified 1/5/96	
23 MIAMI, FL City & State		28 ROCKAWAY, NJ City & State		4. FEI Number 22-3033692 Applied For: <input type="checkbox"/> Not Applicable	
24 33176 Zip		25 U.S.A. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 07866 Zip		30 U.S.A. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALAN B. ROSENBERG
14851 SOUTH DIXIE HWY
MIAMI, FL 33176

10. Name and Address of New Registered Agent
 81 Name: **CT CORPORATION SYSTEM**
 82 Street Address: **1200 SOUTH PINE ISLAND RD.**
 83 _____
 84 City: **PLANTATION** FL 85 Zip Code: **33324**

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: *Charles W Meyer* **CHARLES W. MEYER**
SPECIAL ASST. SECRETARY Date: **4/27/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DIRECTOR	<input checked="" type="checkbox"/>
NAME	ALAN B. ROSENBERG	
STREET ADDRESS	1356 GINGER CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/>
NAME	ILENE ROSENBERG	
STREET ADDRESS	1356 GINGER CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	CEO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	STEVEN MANDELL		
13 STREET ADDRESS	400 COMMONS WAY		
14 CITY-ST-ZIP	ROCKAWAY, NJ 07866		
21 TITLE	CFO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	DAVID E. LAUBER		
23 STREET ADDRESS	400 COMMONS WAY		
24 CITY-ST-ZIP	ROCKAWAY, NJ 07866		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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.

SIGNATURE: *David E Lauber* **DAVID E. LAUBER** (973) 983-0888
 SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)