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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 # P97000034325

1. Corporation Name
 1-800-PARTYSHOP, INC.



Principal Place of Business
 13300 US HWY 98
 SEBRING FL 33870
 US

Mailing Address
 13300 US HWY 98
 SEBRING FL 33870
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1997	
1	26	4. FEI Number 59-3447921		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MACBETH, J ROSS 2543 US 27 SOUTH SEBRING FL 33870				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	CEO	1.1 TITLE	CEO / COO
NAME	FITCH, MICHAEL D.	1.2 NAME	JOHN LENGUEL
STREET ADDRESS	3031 CREEKSIDE COURT	1.3 STREET ADDRESS	13300 US 98
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	SEBRING, FL 33870
TITLE	PD	2.1 TITLE	D
NAME	FITCH, TRACY L.	2.2 NAME	JIMMY WOHL
STREET ADDRESS	3013 CREEKSIDE COURT	2.3 STREET ADDRESS	1800 SR 17 SOUTH
CITY-ST-ZIP	SEBRING FL 33872	2.4 CITY-ST-ZIP	AVON PARK, FL 33871
TITLE	ST	3.1 TITLE	CFO
NAME	FITCH, JAMES E.	3.2 NAME	ROBIN A. REED
STREET ADDRESS	13300 US HWY 98	3.3 STREET ADDRESS	3755 RODEO DR S
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE	D	4.1 TITLE	
NAME	SMITH, LEONARD C. III	4.2 NAME	
STREET ADDRESS	2701 CHEYENEE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WOHL, JERI B.	5.2 NAME	
STREET ADDRESS	1800 STATE ROAD 17 SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 submitted 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 another like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

CP2E034 (11/98)