FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25942** **(1)**

1. Corporation Name
~~ZEPPELIN INFLATABLES, INC.~~
INFLATABLE EXPERTS INC. changed 5/5/95

Principal Place of Business	Mailing Address
2226 SOUTH FEDERAL HIGHWAY FT LAUDERDALE FL 33316	2226 SOUTH FEDERAL HIGHWAY FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/18/1991	05/12/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 56-0241551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINERLEY, KENNETH L 2101 CORPORATE BLVD., N.W., SUITE 400 BOCA RATON FL 33431	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VD	☒ Change ☐ Addition
NAME	D'AULAN, HENRI	12 NAME		
STREET ADDRESS	411 ST. VALIER	13 STREET ADDRESS		
CITY-ST-ZIP	GRANBY, QUEBEC, CANADA	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE	PSTD	☒ Change ☐ Addition
NAME	GOLDEN, LEE-ANNE	22 NAME	CROMWELL, RICHARD H.	
STREET ADDRESS	411 ST. VALIER	23 STREET ADDRESS	ONE COMMERCIAL WHARF	
CITY-ST-ZIP	GRANBY, QUEBEC, CANADA	24 CITY-ST-ZIP	NEWPORT, RI 02840	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME	900001492193	
STREET ADDRESS		33 STREET ADDRESS	-05/17/95--01160--023	
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	DP 5-1-95	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [redacted] Richard H. Cromwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0225064 CP