COR ANNL	PROFIT PROFIT PORATION JAL REPORT 1998	FLORIDA DEF Sandra Secre	ARTMENT OF STATE B. Mortham etary of State DF CORPORATIONS	Jan 29	FILED 1998 8:00ai tary of State
	MENT # F1356 Name CH PARTY RENTAL, INC.	61 (8)			
Principal Place MDAVID B ST 2744 HILLSBC WEST PALM	TEELE	Mailing Address %DAVID B STEELE 2744 HILLSBORO RD WEST PALM BEACH I	FL 33405	DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualified 12/31/1980 	
2. Principal Pl	lace of Business	2a, Mailing Address 26		4. FEI Number 59-2055352	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
i Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation owes or has p	aid the current year Intangible
l	25 g. Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
	The provisions of Sections 607.00	502 and 607.1508, Florida Sta	83 84 City	poration submits this statement for the ation's board of directors. I hereby acce	FL 85 Zip Code
agent. I ar	m familiar with, and accept the obl	icotions of Conton 607 0505	Elevide Statutes	tions doald of difectors, thereby acce	
		igations bi, section our usus,	Fionda Statutes.		Fr
IGNATURE	Signature, typed or printed name of registured a		NOTE: Registered Agent signature required 13.		DATE
	Signalure, typed or printed name of registered a OFFICERS A	agent and title if applicable {N	NOTE: Registored Agont signature requinants and the second signature requinants and the second secon	Fred when reinstating)	DATE
GNATURE	Signature, typod or printed name of registured a OFFICERS A	agent and title if applicable (NND DIRECTORS	NOTE: Registored Agont signature required agont signature re	Fred when reinstating)	DATE CERS AND DIRECTORS IN 12
GNATURE 2. ILE IME REET ADDRESS IY-ST-ZIP	Signature. typed or printed name of registered a OFFICERS A VD STEELE, JOANNE 817 BRIARWOOD DR. WEST PALM BCH. FL	ageni and title if appliceble (ND DIRECTORS	VOTE : Registored Agont signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP	Fred when reinstating)	DATE CERS AND DIRECTORS IN 12
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