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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

1. DOCUMENT # **F73982** **(3)**
Corporation Name
PARTY PALACE, INC.

Principal Place of Business	Mailing Address
5195 W ATLANTIC AVE DELRAY BEACH FL 33484	5195 W ATLANTIC AVE DELRAY BEACH FL 33484-8132

3. Date Incorporated or Qualified: 03/25/1982
3a. Date of Last Report: 01/30/1996
4. FEI Number: 06-1058818 ☐ 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 s. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21 6615 OVERLAND DRIVE
22 Suite Apt. #, etc.
23 DELRAY BEACH, FL.
24 Zip 33484 25 County PALM BEACH

2a. Mailing Address
26 6615 OVERLAND DRIVE
27 Suite Apt. #, etc.
28 DELRAY BEACH, FL.
29 Zip 33484 30 Country PALM BEACH

9. Name and Address of Current Registered Agent
SCHULMAN, IRVING
5195 W ATLANTIC AVE
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent
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 607.0402 and 607.1506, 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

TITLE	PD	☐ DELETE
NAME	SCHULMAN, IRVING	
STREET ADDRESS	5195 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	☐ DELETE
NAME	DRUCKMAN, KENNETH H	
STREET ADDRESS	5195 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	DRUCKMAN, SHIRLEY	
STREET ADDRESS	5195 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	SCHULMAN, FRANCES	
STREET ADDRESS	5195 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS	6615 OVERLAND DRIVE		
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS	6615 OVERLAND DRIVE		
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS	6615 OVERLAND DRIVE		
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS	6615 OVERLAND DRIVE		
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I declare 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: [signature] DRUCKMAN 3-10-97 (561) 496-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #