


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

FILED
Feb 09 1998 8:00am
Secretary of State

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

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



| | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business 6615 OVERLAND DRIVE DELRAY BEACH FL 33424 US | Mailing Address 6615 OVERLAND DRIVE DELRAY BEACH FL 33424 US |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 03/25/1982 | |
| 4. FEI Number 06-1058818 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. 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 | | 8. \$8.75 Additional Fee Required | |
| 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 | | 5. \$5.00 May Be Added to Fees | |

| | | | |
|-------------|--|-------------------------------------------------------------------------------------|--|
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) 6615 OVERLAND DRIVE | |
| 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHULMAN, IRVING | 1.2 NAME | |
| STREET ADDRESS | 6615 OVERLAND DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUCKMAN, KENNETH H | 2.2 NAME | |
| STREET ADDRESS | 6615 OVERLAND DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUCKMAN, SHIRLEY | 3.2 NAME | |
| STREET ADDRESS | 6615 OVERLAND DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHULMAN, FRANCES | 4.2 NAME | |
| STREET ADDRESS | 6615 OVERLAND DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **REQUIRE** 1-31-98 501 496 2402

CR2E034 (10/97)