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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G08882** (4)
1. Corporation Name
PARTY WORLD, INC.



Principal Place of Business: **3119 NORTH DAVIS PENSACOLA FL 32503-3558**
Mailing Address: **3119 NORTH DAVIS PENSACOLA FL 32503-3558**

3. Date Incorporated or Qualified: **11/18/1982**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2228093**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**ALLENDER, PATRICIA HILL
10237 SUGAR CREEK DR.
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLENDER, PATRICIA HILL	
STREET ADDRESS	10237 SUGAR CREEK DR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	HILL, PAMELA G.	
STREET ADDRESS	10126 SUGARCREEK CIR.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AYDELOTT, SHARON HILL	
STREET ADDRESS	10117 VIXEN PLACE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT E. HILL	
STREET ADDRESS	3120 N DAVIS HWY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOW, Patricia Hill Allender	
1.3 STREET ADDRESS	1262 Hwy 97 South	
1.4 CITY - ST - ZIP	CANTONMENT, FLA 32533	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Aydelott, SHARON Hill	
3.3 STREET ADDRESS	1262 Hwy 97 So.	
3.4 CITY - ST - ZIP	CANTONMENT, FLA 32533	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify 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 Book 12 or Block 12 of changed, or on an attachment with an address.

SIGNATURE: *Robert E. Hill* Director/Vice President **2-18-97** **904 434-2674**
DATE: _____ DAY PHONE: _____

CR2E034 (9/96)