


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

**FILED**  
**Jun 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # G37857**  
 1. Corporation Name  
**CELEBRATION DEPOT, INC.**

Principal Place of Business <b>17800 N. STATE RD. 9 DRIVE MIAMI, FL 33162 US</b>	Mailing Address <b>17800 N SR 9 DRIVE MIAMI, FL 33162 US</b>
---	---

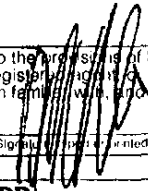
2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>05/09/1983</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>59-2305351</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**O.B. Romero**  
**2901 S.W. 8th Street**  
**Suite 202**  
**Miami, FL 33135**

10. Name and Address of New Registered Agent  
 81. Name  
**A. A. WAPNER**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**17800 North State Road 9 Drive**  
 83. City  
**Miami** FL 85. Zip Code  
**33162**

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, 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:  **A.A. WAPNER** DATE: **5/29/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>M.H. Shulman</b>
STREET ADDRESS	<b>2901 S.W. 8th St., Suite 202</b>
CITY-ST-ZIP	<b>Miami, FL 33135</b>
TITLE	<b>S/D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>S.E. Shulman</b>
STREET ADDRESS	<b>2901 S.W. 8th St., Suite 202</b>
CITY-ST-ZIP	<b>Miami, FL 33135</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>A.A. Wapner</b>
13. STREET ADDRESS	<b>17800 North State Road 9 Drive</b>
14. CITY-ST-ZIP	<b>Miami, FL 33162</b>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>500002207785</b>
63. STREET ADDRESS	<b>-06/10/97--01078--012</b>
64. CITY-ST-ZIP	<b>***61.25</b>

*Handwritten: RW 6-2-97*

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **A.A. Wapner** DATE: **5/29/97** (800) 726-0832

CR2E034 (9/96)