SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $1.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H28519** **(7)**

1. Corporation Name
THE PARTY SHOPS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
8312 ARLINGTON EXP JACKSONVILLE FL 32225-8213 US	~~P O BOX 330260~~ ~~ATLANTIC BEACH FL 32233~~ ~~US~~

3. Date Incorporated or Qualified: **11/02/1984**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26): P.O. Box 4744
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): INCLINE Village NV
Zip (24):
Country (25):
Zip (29): 89450
Country (30): USA

4. FEI Number: **59-2457306** ☐ 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

9. Name and Address of Current Registered Agent

JONES, DONALD W. Jones Donald W.
~~8332 ARLINGTON EXPRESSWAY~~
~~JACKSONVILLE FL 32211~~
ATTN: Richard White
25 South 2nd St.
Jacksonville Beach FL 32250

10. Name and Address of New Registered Agent

81 Name: Jones Donald W.
82 Street Address (P.O. Box Number is Not Acceptable): ATTN: RICHARD WHITE
83: 25 South 2nd STREET
84 City: Jacksonville BEACH FL 85 Zip Code: 32250

11. Pursuant to the provisions of Section 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: [signature] DATE: 6-14-96
Signature, typed or printed name of registered agent and title, if applicable (REQUIRED: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	11 TITLE	Jones Donald W. ☒ Change ☐ Addition
NAME	JONES, DONALD W.	12 NAME	
STREET ADDRESS	~~8332 ARLINGTON EXPRSWY.~~	13 STREET ADDRESS	P.O. Box 4744 N/A
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP	INCLINE Village NV 89450
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	300001890963 ☐ Change ☐ Addition
NAME		62 NAME	-07/11/96--01040--033
STREET ADDRESS		63 STREET ADDRESS	***225.00
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Donald Jones 6/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CS 7/11/96