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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H39218

(3)

**EDGEWATER PARTY STORE, INC.** 

Principal Place of Business Mailing Address					1		
22288 EDGEWA CHARLOTTE HV	iter dr. Arbor Fl 33980	22288 EDGEWATER DR. CHARLOTTE HARBOR FL	33980-2013				
					3. Date Incorporated or Qualified 01/23/1985	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2483430	Not Applicable	
Sulte, Apt. #, etc.		Suite. Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	. <b>_</b>		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7 <sub>1</sub> p	Coun	try	8. This corporation has liability for it		
24	25	29	30]		<del></del>	Yes No	
	9. Name and Address of Curre	ent Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
	RY, JULIA		ſ	1 Name			
19000 MIDWAY BLVD			E	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
PUH	T CHARLOTTE FL 33948		5	3			
			8	City		85 Zip Code	
11. Pursuant to office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida, Such change was	ules, the abo authorized lorida Statu	ove-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered	
-	The man with and accept the con-	gement of been on our lessos, r	ionou olala	.00			
SIGNATURE	Signature, typed or printed name of registered as	gent and tilk if applicable (NC	III Registered	Agent signature requi	reo when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD CHARLES	DELETÉ	1.1 THE	t		Change	
NAME	KERRY, CHARLES		1.2 NAN				
STREET ADDRESS	19000 MIDWAY BLVD.			E1 ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL	☐ DELFTE		-S1-7IP		Change LAddition	
TITLE	VST Kerry, Julia M.		2.1 1IIL			Change Addition	
NAME	19000 MIDWAY BLVD		2.2 NAN				
STREET ADDRESS	PORT CHARLOTTE FL			EFT ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	31 1111	Y - ST - ZIP		Change Addition	
NAME	KERRY, JULIA M.		3.2 NAN	l		10	
STREET ADDRESS	19000 MIDWAY BLVD		4	EET AODRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			Y-\$1-7IP			
TITLE		☐ DELETE	4.1 TITL	F		Change Addition	
NAME ,			4. 2 NAI	ΛE			
STREET ADDRESS			4.3 STR	FET ADDRESS			
CITY-ST-ZIP				'- S1 - ZiP			
TITLE		DELETE	5.1 1010			Change Addition	
NAME :			5.2 NAM	1			
STREET ADDRESS			. E	ELT ADDRESS			
CITY-ST-ZIP		T 6trese	************	· S1-ZIP		Phores 1426	
TITLE		☐ DELETE	6.1 Till			Change L Addition	
NAME			6.2 NAM				
STREET ADDRESS			6.3 STR	EE1 ADDRESS			

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.