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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J45178**

1. Corporation Name

Principal Place of Business

FUN TIME PARTY SALES, INC.

1435 W. HWY 434 121 LONGWOOD FL 32750 US		1435 W HWY 434 STE 121 LONGWOOD FL 32750 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/01/1986			
2. Principal Pla	ace of Business	2a. Mailing Address	¬ · ·		4. FEI Number		olied For Applicable	
21		26 Suite And the ste			59-2762103			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 29 3	Zip Country 30		1 diddidit 1 (operty) total	Yes	□No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Age	ent		
	a puaru		81	Name				
GILLI 1435		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)				
STE. 121			83					
LONGWOOD FL 32750			84	City	FI	35 Zip C	ode	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.			13.	nt signature req	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	RS IN 12	
TITLE			1,1 TITLE			Change	Addition	
NAME	GILLIS, RAYMOND W JR.		1.2 NAME					
STREET ADDRESS	2215 EARLEAF CT			TADDRESS				
	LONGWOOD FL 32779		1.4 CITY-5					
CITY-ST-ZIP TITLE	DD DELETE		2.1 TITLE	71-211] Change	Addition	
NAME	GILLIS, DEBORAH L		2.2 NAME					
STREET ADDRESS	2215 EARLEAF CT		2.3 STREET ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32779		2. 4 CITY-ST-ZIP					
TITLE	DELETE		3.1 TITLE] Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE] Change	☐ Addition	
NAME			4. 2 NAME	Į.			ļ	
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE] Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS			1	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE] Change	Addition	
NAME			6.2 NAME				ľ	
STREET ADDRESS			6.3 STREE	TADDRESS			ļ	
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)(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, with all other like empowered.

OR DIRECTOR GILLIS

SIGNATURE: