FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L11794** **(9)**

1. Corporation Name

THE PARTY OUTLET OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
1527 W. NEW HAVEN AVE. W. MELBOURNE FL 32904	4833 OKEECHOBEE BLVD SUITE 103 WEST PALM BEACH FL 33417-4640

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1989
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: 65-0141257 ☐ 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

WAZNAK, BONNIE M. LEVINE
4833 OKEECHOBEE BLVD.
SUITE 103
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is an officer or director of a corporation (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WAZNAK, BONNIE LEVINE	12 NAME	
STREET ADDRESS	4833 OKEECHOBEE BLVD. SUITE 103	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, DEBORAH	22 NAME	
STREET ADDRESS	4833 OKEECHOBEE BLVD., SUITE 103	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LEVINE, LORRAINE	32 NAME	
STREET ADDRESS	4833 OKEECHOBEE BLVD., SUITE 103	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	LEVINE, AARON	42 NAME	
STREET ADDRESS	4833 OKEECHOBEE BLVD., SUITE 103	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

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)(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 the 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: Lorraine A Levine LORRAINE A. LEVINE 4/10/95 407-683-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283748 CP