FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L15614** **(5)**

1. Corporation Name

PARTY GOODS WAREHOUSE WEST INC.

Principal Place of Business	Mailing Address
C/O ROBERT SMITH 4170 N. FEDERAL HWY. POMPANO BEACH FL 33064	C/O ROBERT SMITH 4170 N. FEDERAL HWY. POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **09/08/1989**
3a. Date of Last Report: **05/01/1995**

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

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

4. FEI Number: **65-0152505** ☐ 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

SMITH, ROBERT
4170 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33064

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 607.1938, 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 of new registered agent, if changed) (Printed name of new registered agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HAROLD		2 NAME		
STREET ADDRESS	800 E. JEFFREY ST.		3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT		2 NAME		
STREET ADDRESS	4170 N FED HWY		3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	SUDDETH, B. F.		2 NAME		
STREET ADDRESS	1026 GORE DRIVE		3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	1 TITLE	S	☐ Change ☒ Addition
NAME			2 NAME	DON GIORDANO	
STREET ADDRESS			3 STREET ADDRESS	6425 NW 52 CT	
CITY-ST-ZIP			4 CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valuntand, 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 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: [signature] ROBERT SMITH 4/8/96 943 5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #