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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:16

DOCUMENT # L99905 (6)

1. Corporation Name

BOOP OOP-E DOOP SINGING TELEGRAMS & BALLOONS, IN
C.

Principal Place of Business

5702 FOLKSTONE LANE
ORLANDO FL 32822

Mailing Address

P. O. BOX 721103
ORLANDO FL 32872-1103
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/12/1990

3a. Date of Last Report

05/24/1994

4. FEI Number

59-3037732

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

2. Principal Place of Business

21 5164 SAINT CHARLES LANE

Suite, Apt. #, etc.

22 ORLANDO, FLORIDA

City & State

23 32822

Zip

Country UNITED

2a. Mailing Address

26 P.O. Box 721103

Suite, Apt. #, etc.

27 ORL. FL

City & State

28 32872

Zip

Country

25 STATES OF AMERICA 29 32872 30 ORANGE

9. Name and Address of Current Registered Agent

TRAINER, FREDERICK

5702 FOLKSTONE LANE 5164 St. Charles Ln.
ORLANDO FL 32822 Orlando, FL 32822

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 607.0605, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TRAINER, FREDERICK E
STREET ADDRESS 5702 FOLKSTONE LN
CITY- ST- ZIP ORLANDO FL

TITLE VPT
NAME TRAINER, ROXANNE
STREET ADDRESS 5702 FOLKSTONE LN.
CITY- ST- ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frederick E. Trainer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK E. TRAINER 2/15/95 (407) 823-7900

Date

Telephone Number