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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



F<del>lorida d</del>epartment of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L99905

(6)

BOOP OOP-E DOOP SINGING TELEGRAMS & BALLOONS, IN

**FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									91911 <b>61811 9</b> 1		<b>41411 1281</b>		
5184 SAINT CHARLES LANE P O BOX 721103													
ORLANDO FL 32822 US				ORLANDO FL 32872 US				DO NOT WRITE IN THIS SPACE					
00				•				3. Date Incorporated or Qualified			-	1	
								09/12/1990					
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For			
21				26   3936 S Semoran Blvd Ofc 1102				59-3037732		Not Applicable			
Sulte, Apt. #, etc.				Orlando, FL 32822-40	23	^		5. Certificate of Status Desired			dditional	1	
22				27				G. Continuate of States Seaved	F	ee Re	quired	]	
City & State				City & State				6. Election Campaign Financing \$5.00 May B					
Zip Country				Zip Country				Trust Fund Contribution					
Zip	25			¬				<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	· — — — — — — — — — — — — — — — — — — —				
24	9. Name and Address of Current							10. Name and Address of New Register	, ,				
TRA	VINER, FREDE	<del></del>				81	Name					1	
5164 ST. CHARLES LANE							82 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32822							Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
						83						1	
						84	City			as Zio Codo			
							•		·L∣	85 Zip Code			
11. Pursuant t	o the provisions	of Sections 607.05	02 and 6	07.1508, Florida Statut	es, the ab	OVE	-named co	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	e of chang	ing its	registered	1	
agent. Lar	egi <b>s</b> tered ageni. m <b>fa</b> miliar with, a	, or boin, in the state and accept the oblig	e di Fiori gations ol	i, Section 607.0505, Fk	orida Stati	utes	r the corpo S.	ration's board of directors. Thereby accept the	appointme	iii as i	egistered		
SIGNATURE		Poxau	ve T	ianu (mo	iline	ć	SAMES	s change only)					
							nt signature re			2700	20140	16	
12.	<del>-</del>	OFFICERS AF	ND DIREC	DELETE	13.		—	ADDITIONS/CHANGES TO OFFICERS	AND DIRE		Addition	łĕ	
NAME	TRAINER F	REDERICK E		C) Steen	1.2 NA			-SAME -		ungo	reduced	15	
STREET ADDRESS	ETAN FOLVOTONE IN						ADDRESS	5164 SAINT CHARLES LAN	æ			8	
CITY-ST-ZIP	ORLANDO FL			1.4 CI			Page 33037					ľ	
TITLE	VPT			DELETE	2.1 111					ange	Addition	5	
NAME				22N 23S				- SAME -					
STREET ADDRESS							ADDRESS	5164 SAINT CHARLES LANE					
CITY-ST-ZIP	ORLANDO	FL			2. 4 Cf	TY - 5	ST-ZIP	ORLANDO PLORIDA 32827	<u>-</u>			İ	
TITLE				☐ DELETE	3.1 TIT	LE		<del>-</del>	Ch	ange	Addition .	1	
NAME					3.2 NA	ME						1	
STREET ADDRESS					3.3 \$11	REET	ADDRESS					1	
CITY-ST-ZIP					3.4 CI	_	ST-ZIP						
TITLE				☐ DELETE	4.1 7(7		Į		☐ Ch	ange	Addition	1	
NAME					4. 2 NA								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELETE	4.4 CIT		1-ZIP		☐ Ch	3000	Addition	┨	
TITLE				☐ DELETE	5.1 TIT				ᆸ	or NG			
NAME					5.2 NA		ADDRECC					1	
STREET ADDRESS							ADDRESS					1	
CITY-ST-ZIP TITLE				☐ DELETE	5.4 CIT 6.1 TIT		1-ZIP		Ch	ange	Addition	1	
NAME					6.2 NA								
STREET ADDRESS							ADDRESS					1	
CITY-ST-ZIP				6.4 CIT									
0111-01-51					0.5 011		1 511 1					4	

Thereby 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

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