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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90084 024 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # M71088	3
FLORIDA BALLOON PROMOTIONS,	INC.

Principal Place of Business % DAVID W. STINEBAUGH 760 AULTMAN RD. KISSIMMEE FL 34744

Mailing Address % DAVID W. STINEBAUGH 760 AULTMAN RD. KISSIMMEE FL 34744

					ļ	3.	Date Incorporated or Qualifed 03/02/1988			
2.	Principal Place of Business	2a.	Mailing Address			4.	FEI Number		T	Applied For
21	·	26					58-2886301			Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired			75 Additional ee Required
23	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution	3		.00 May Be ded to Fees
24	Zip Country	29	Zip Cou	ıntry		8.	This corporation owes the current Personal Property Tax.	• -	jible] Yes	_
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
STINEBAUGH, DAVID W.				81	Name					
760 AULTMAN RD. KISSIMMEE FL 34744		82	Street Addres	s (F	O. Box Number is Not Acceptable	∌)				
			83					_		
				84	City			FL	85	Zip Code
11	office or registered agent, or both, in the State of I	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 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 more than the state of Sections 60.7 655. Florida Statutes								

SIGNATURE						
-	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	gistered Agent signature requ		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		
TITLE	PT D	ELETE	1,1 TITLE		Change	Addition
NAME	STINEBAUGH, DAVID, W		1.2 NAME			
STREET ADDRESS	760 AULTMAN RDD		1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL	·	1.4 CITY+ST-ZIP			
πnE	VS D	ELETE	2.1 TITLE		Change	Addition
NAME:	STINEBAUGH, CONNIE		2.2 NAME			
STREET ADDRESS	760 AULTMAN RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP			
TITLE	□ o	ELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	- T t	· · · · · · · · · · · · · · · · · · ·	
TITLE		ELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			_
TITLE	D D	ELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP			
TITLE		ELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
000 CT 710	•		64 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.

SIGNATURE: