

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

DOCUMENT # P92000013710

1. Corporation Name

A PARTYWORLD OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

1920 VIRGINIA AVE
1503A
FT MYERS FL 33901
US

Mailing Address

1920 VIRGINIA AVE
1503A
FT MYERS FL 33901
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GLEASON, PATRICK F
1920 VIRGINIA AVE
1503A
FT MYERS FL 33901

3. Date Incorporated or Qualified

12/23/1992

4. FEI Number

59-2455532

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

GLEASON, FRANCIS P.

82 Street Address (P.O. Box Number is Not Acceptable)

6065 Montepay Loop

83

84 City

FT. MYERS.

FL

85 Zip Code

33908

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 *Patrick F. Gleason*

3/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☒ DELETE

NAME GLEASON, PATRICK F
STREET ADDRESS 1920 VIRGINIA AVE, STE 1503A
CITY-ST-ZIP FT MYERS FL

TITLE DVS ☒ DELETE

NAME GLEASON, CATHERINE
STREET ADDRESS 1920 VIRGINIA AVE, STE 1503A
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DPT
GLEASON, FRANCIS P.
1.3 STREET ADDRESS 6065 Montepay Loop
1.4 CITY-ST-ZIP FT MYERS, FL 33908

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVS
GLEASON, ESTHER T.
2.3 STREET ADDRESS 6065 Montepay Loop
2.4 CITY-ST-ZIP FT MYERS, FL 33908.

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 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: *Patrick F. Gleason* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

(941) 275-5385

Date

Daytime Phone #

CR2E034 (1/98)

04-05556

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90023 015 ***150.00



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