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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031054 (8)

ALL ABOUT PARTIES, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place	e of Busines	ss.	Ma	Mailing Address					a tabunda isa sarab sirir antis dasis antin antis sala natis datai datai disa sani					
4230 U.S. HWY, 98 NORTH THE VILLAGE PLAZA			TI	4230 U.S. HWY. 98 NORTH THE VILLAGE PLAZA					DO NOT WRITE IN THIS SPACE					
LAKELAND FL 33809				LAKELAND FL 33809					3. Date Incorporated or Qualified					
									04/28/19					
2. Principal Place of Business 2a. Mailing Address									4. FEI Numbe	700			I A	pplied For
21				26					59-317					ot Applicable
Suite Ant # etc				Suite, Apt. #, etc.								1		Additional
22				27					5. Certificate	of Status Desire	ed C	1		equired
City & State				City & State					6. Election Ca	mpaign Financ	ina		\$5.00	May Be
23				28						Contribution]		to Fees
Zip • Country				Zip Country			, 		8. This corpor	ration owes or h	nas paid th	ne currer	it year In	tangible
24	25			29 30					Personal P	roperty Tax due	June 30.		Yes .	No No
g. Name and Address of Curren				Registered Agent					10. Name and Address of New Registered Agent					
ZOI	LNER, COI	INIE L			ĺ	81	Na	ame						
4230 U.S. HWY. 98 NORTH							St	reet Addres	ddress (P.O. Box Number is Not Acceptable)					
THE VILLAGE PLAZA							3							
LAKELAND FL 33809							i							
						84	Cit	ty	<u> </u>			E1	85 Zip	Code
11, Pursuant	to the provis	ions of Sections 607.050	02 and 60	07.1508, Florida Statut	tes, the at	90VB	a-nar	med corpor	ration submits th	is statement for	r the purp	ose of ch	 sanging i	ts registered
i -	ırı familiar w	pent, or both, in the State ith, and accept the oblig	ations of	, Section 607.0505, FI	lorida Stat	utes	3 .	00.00.00.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		о прреш		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signature, typed	or printed name of registered ag	ent and tille	d applicable (NO)	F Registered	Ager	int sig	nature required	(when reinstating)		D	ATE		
12.		OFFICERS AN	D DIREC		13.				ADDITIONS	CHANGES TO	OFFICERS			RS IN 12
TITLE	P		☐ DELETE		1.1 111	1.1 TITLE							Change	Addition
NAME ZOLNER, CONNIE L					1.2 NAME									
STREET ADDRESS 4230 U.S. HWY. 98 NORTH					1.3 STREET ADDRE			HESS						
CITY-ST-ZIP	-ST-ZIP LAKELAND FL 33809				1.4 CF	1.4 CITY - ST - ZIP		<u>. </u>						
TITLE				DELETE		2.1 TITLE					-		Change	Addition
NAME				3		2.2 NAME								
STREET ADDRESS	REET ADDRESS					2.3 STREET ADORESS		ESS			. •			
CITY-ST-ZIP					2. 4 Ci	ITY-SI	ST-ZIP	,						
TITLE				☐ DELETE	3.1 10	3.1 TITLE							Change	Addition
NAME					3.2 NA	ME								
STREET ADDRESS			3.3		3.3 STREET ADDRESS		¥ESS							
City-SI-ZIP							3.4 CITY-ST-ZIP							
TITLE				DELETE	4.1 TIT	4.1 TITLE							Change	Addition
NAME					4 2 N	AME								
STREET ADDRESS					4.3 ST	REET A	ADDR	(ESS						
CITY-ST-ZIP					4.4 CIT	TY-ST	T-ZIP							
TITLE	TIFLE			☐ DELETE		5.1 TITLE							Change	Addition Addition
NAME					5.2 NA	ME								
STREET ADDRESS					5.3 ST	REET A	ADDR	ESS						
CITY-ST-ZIP					5.4 CI	ry-st	T-ZIP							
TITLE				DELETE	6.1 111	lE							Change	Addition
NAME					6.2 NA	ME		}						
STREET ADDRESS					6.3 ST	REET A	ADDR	RESS						
CITY-ST-ZIP					6.4 CIT	TZ-Y	T-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.

SIGNATURE.

SIGNATURE:

4-10-98