

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90024 024 ***150.00

DOCUMENT # P93000031054

1. Corporation Name
ALL ABOUT PARTIES, INC.

Principal Place of Business
4230 U.S. HWY. 98 NORTH
THE VILLAGE PLAZA
LAKELAND FL 33809

Mailing Address
4230 U.S. HWY. 98 NORTH
THE VILLAGE PLAZA
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1993

4. FEI Number
59-3178185

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

2. Principal Place of Business
21 BARCLAY PLACE
Suite, Apt. #, etc.

2a. Mailing Address
26 BARCLAY PLACE
Suite, Apt. #, etc.

22 4943 Hwy 98 North
City & State

27 4943 Hwy 98 North
City & State

23 LAKELAND
Zip 24 33809 Country 25 POLK

28 LAKELAND
Zip 29 33809 Country 30 POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZOLNER, CONNIE L
4230 U.S. HWY. 98 NORTH
THE VILLAGE PLAZA
LAKELAND FL 33809

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 BARCLAY PLACE
84 4943 Hwy 98 North
85 City LAKELAND FL 86 Zip Code 33809

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

Connie L Zolner President

4-12-99

Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ZOLNER, CONNIE L
STREET ADDRESS 4230 U.S. HWY. 98 NORTH
CITY-ST-ZIP LAKELAND FL 33809

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4943 Highway 98 North
1.4 CITY-ST-ZIP LAKELAND Florida 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Connie L Zolner President

4-12-99

941-853-8878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)