

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. HOFFER
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

05 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000048109 (1)**
HERON LAKE DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Office Address		Mailing Address		3. Date of Incorporation/Reorganization		3a. Date of Last Report	
159 S MAIN ST 6TH FLOOR AKRON OH 44308-1322		159 S MAIN ST 6TH FLOOR AKRON OH 44308-1322		07/09/1993		05/31/1994	
21. Filing of Prior Period	22. Mailing Address	23. Filing of Prior Period	24. Mailing Address	4. FID Number	Applied Fee	Not Applicable	
21	26	22	27	34-1770039			
25. Filing of Prior Period	26. Mailing Address	27. Filing of Prior Period	28. Mailing Address	5. Certificate of Status Entered	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees		
23	28	24	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	25	29	30	8. This corporation has liability for obligations due under 5, 100, 101, Florida Statutes.			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE 105 TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (if 13 or 14 or 15, last 4 digits)		
				B3	City		
				B4	FL	B5	Zip Code

11. The agent for the principal office of this corporation is duly qualified under Florida Statutes. The agent for each corporation has signed this statement for the purpose of designating the registered office for the corporation and for the filing of this report and for the purpose of designating the registered office for the corporation and for the filing of this report and for the purpose of designating the registered office for the corporation and for the filing of this report.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
NAME	P BRENNAN, DAVID L 159 S MAIN ST / 6TH FL AKRON OH	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MANNA, ANTHONY S 159 S AMIN ST / 6TH FL AKRON OH	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRENNAN, DAVID L 159 S MAIN ST / 6TH FL AKRON OH	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified for the corporation stated in law for 100/101 Florida Statutes. I further certify that the information included in this report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am qualified for the filing of this report and for the purpose of designating the registered office for the corporation and for the filing of this report and for the purpose of designating the registered office for the corporation and for the filing of this report.

SIGNATURE: 5-4-95 (216) 976 0202
 PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SARAH B. MAXWELL
COMMISSIONER

APPROVED
AND
FILED

DOCUMENT # **P93000048492 (1)**

PARTY CITY OF ALTAMONTE SPRINGS, INC.

5/12/1995
5:00 PM
TALLAHASSEE, FLORIDA

1. Principal Office Address: **1140 E ALTAMONTE DR SUITE 1003 ALTAMONTE SPRINGS FL 32714**
 2. Mailing Address: **1140 E ALTAMONTE DR SUITE 1003 ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created: **07/12/1993** 3a. Date of Last Report: **03/17/1994**
 4. Telephone Number: **59-3193624** 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 has liability for intangible tax under § 199.012, Florida Statutes: Yes No

21. Principal Office Address: **1140 E ALTAMONTE DR SUITE 1003 ALTAMONTE SPRINGS FL 32714**
 22. Mailing Address: **1140 E ALTAMONTE DR SUITE 1003 ALTAMONTE SPRINGS FL 32714**
 23. State: **FL** 24. City: **ALTAMONTE**
 25. State: **FL** 26. City: **ALTAMONTE**
 27. State: **FL** 28. City: **ALTAMONTE**
 29. State: **FL** 30. City: **ALTAMONTE**

9. Name and Address of Current Registered Agent:
**DENOLA, ALLAN M
 1140 E ALTAMONTE DR
 SUITE 1003
 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent:
 B1 Name:
 B2 Street Address (P.O. Box Number is Not Applicable):
 B3:
 B4 City: **FL** B5 Zip Code:

11. I, the undersigned, president of the firm, do hereby certify that the above named corporation subscribes 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 hereby waiving and waiving the provisions of Section 607.012(5)(b), Florida Statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)	
NAME: P DENOLA, ALLAN	1140 E ALTAMONTE DR, STE 1003 ALTAMONTE SPGS FL	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: V DURSO, KATHY	1140 E ALTAMONTE DR, STE 1003 ALTAMONTE SPGS FL	2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	3. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	5. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	6. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	8. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	9. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	10. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 199.012(5)(b), Florida Statute. I further certify that the information included 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of Block 1 of this report or on an attachment with an address.

SIGNATURE: **X** *Allan Denola* **4/28/95** **407-339-9696**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR