FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048109 (1)

1. Corporation Name
HERON LAKE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
159 S MAIN ST 6TH FLOOR AKRON OH 44308-1322	159 S MAIN ST 6TH FLOOR AKRON OH 44308-1322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business
21
22
23
24 City 25 Country

2a. Mailing Address
26
27
28
29 Zip 30 Country

4. FEI Number: 34-1770039 — 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 S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number - Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible] Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRENNAN, DAVID L
STREET ADDRESS	159 S MAIN ST / 6TH FL
CITY-ST-ZIP	AKRON OH
TITLE	S
NAME	MANNA, ANTHONY S
STREET ADDRESS	159 S AMIN ST / 6TH FL
CITY-ST-ZIP	AKRON OH
TITLE	D
NAME	BRENNAN, DAVID L
STREET ADDRESS	159 S MAIN ST / 6TH FL
CITY-ST-ZIP	AKRON OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change [ ] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	[ ] Change [ ] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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] 5-4-95 (216) 996 0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0488238 FN

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Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # P93000048492 (1)

1. Corporation Name

PARTY CITY OF ALTAMONTE SPRINGS, INC.

Principal Place of Business	Mailing Address
1140 E ALTAMONTE DR SUITE 1003 ALTAMONTE SPRINGS FL 32714	1140 E ALTAMONTE DR SUITE 1003 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22
Suite, Apt. # — 27
City & State — 23
City & State — 28
Zip — 24 — Country — 25
Zip — 29 — Country — 30

4. FEI 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 S. 199.032, Florida Statutes. [✓] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DENOLA, ALLAN M 1140 E ALTAMONTE DR SUITE 1003 ALTAMONTE SPRINGS FL 32714	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	[ ] Change [ ] Addition
NAME	DENOLA, ALLAN	1. NAME	
STREET ADDRESS	1140 E ALTAMONTE DR, STE 1003	1. STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPGS FL	1. CITY, ST, ZIP	
TITLE	V	2. TITLE	[ ] Change [ ] Addition
NAME	DURSO, KATHY	2. NAME	
STREET ADDRESS	1140 E ALTAMONTE DR, STE 1003	2. STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPGS FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	[ ] Change [ ] Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	[ ] Change [ ] Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	[ ] Change [ ] Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	[ ] Change [ ] Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: X [signature] Allan Denola 4/28/95 407-339-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0036010 CP