

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051249 (9)

1. Corporation Name

THE PARTY SUPERMARKET FRANCHISING SYSTEMS, INC.



Principal Place of Business

700 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33334

Mailing Address

700 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified
07/22/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

4. FBI Number

65-0433625

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. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORNBLUTH, LAWRENCE
700 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

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 607.0502 and 607.1509, 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

Signature of the corporation or its authorized agent

DATE

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
KORNBLUTH, RUTH
STREET ADDRESS
3611 N 52ND AVE
CITY-STATE-ZIP
HOLLYWOOD FL

2. TITLE ☐ DELETE

NAME
KORNBLUTH, LAWRENCE
STREET ADDRESS
3611 N 52ND AVE
CITY-STATE-ZIP
HOLLYWOOD FL

3. TITLE ☐ DELETE

NAME
COLLINS, PAUL
STREET ADDRESS
3900 N 39TH AVE
CITY-STATE-ZIP
HOLLYWOOD FL

4. TITLE ☐ DELETE

NAME
HOLTZ, AMY
STREET ADDRESS
301 N ALMURESSOR RD
CITY-STATE-ZIP
DEPTFUEL NJ

5. TITLE ☐ DELETE

NAME
BUNNERS, BRUCE
STREET ADDRESS
1560 NW 98TH AVE
CITY-STATE-ZIP
PLANTATION FL

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

7. 1. TITLE ☐ Change ☐ Addition

72 NAME

73 STREET ADDRESS

74 CITY-STATE-ZIP

8. 1. TITLE ☐ Change ☐ Addition

82 NAME

83 STREET ADDRESS

84 CITY-STATE-ZIP

9. 1. TITLE ☐ Change ☐ Addition

92 NAME

93 STREET ADDRESS

94 CITY-STATE-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)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

305 586 3555

Display Phone #

CR2E034 (12/95)