

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

FILED

97 FEB 10 PM 4:01

DOCUMENT # P93000070204 (1)

1. Corporation Name

CONFETTI RAIN, INC.

Principal Place of Business

VILLAGE AT ST. GEORGE
3444 TAMPA ROAD, SUITE 9
PALM HARBOR FL 34684

Mailing Address

VILLAGE AT ST. GEORGE
3444 TAMPA ROAD, SUITE 9
PALM HARBOR FL 34684

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 33957 US 19 north

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 Palm Harbor FL 34684

Suite, Apt. #, etc.

27 City & State

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

4. FEI Number

NOT APPLICABLE

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

GASSMAN, ALAN S
1212 COURT STREET
CLEARWATER FL

Julie Pagan
752 Lovely Lane
Orlando Florida
32810

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

300002085963--0
-02/12/97--01127--009
*****540.09 *****548.00

11. Pursuant to the provisions of Sections 607.0302 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

Signature typed, printed, or otherwise made permanent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BRAMBLETT, REBECCA

3444 TAMPA ROAD, SUITE 9

PALM HARBOR FL 34684

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PANTELUDES, SHERRY

3444 TAMPA ROAD, SUITE 9

PALM HARBOR FL 34684

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/96 837869113

CP2E034 (12/95)