

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000077919 (7)**

1. Corporation Name
PARTY NO. 1, INC.

Principal Place of Business

**C/O ELLIOT STOLL
2061-2067 N. UNIV. DRIVE
CORAL SPRINGS FL 33071**

Mailing Address

**C/O ELLIOT STOLL
2061-2067 N. UNIV. DRIVE
CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0465225	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBERT A. ARABIAN, P.A.
83333 W. MCNAB ROAD
STE. 220
TAMARAC FL 33321**

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 607.1508, 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 or printed name of registered agent, and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	STOLL, ELLIOT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
0923 NW 64 COURT		1.3 STREET ADDRESS	
PARKLAND FL		1.4 CITY-ST-ZIP	
DS	STOLL, VIVIAN	2.1 TITLE	2.2 NAME
0923 NW 64 COURT		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
PARKLAND FL		3.1 TITLE	3.2 NAME
DVP	ISRAELIAN, ARIE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
10236 BROOKVILLE LANE		4.1 TITLE	4.2 NAME
BOCA RATON FL		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
DT	ISRAELIAN, M ARCIE	5.1 TITLE	5.2 NAME
10236 BROOKVILLE LANE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
BOCA RATON FL		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.

SIGNATURE:

Arie Brazilian

2/12/98

954 344-7717

CR2E034 (10/97)