02-22-1999 90149 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9300007791	9
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1. Corporation Name

PARTY NO. 1, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

				 Date Incorporated or Qualified 11/10/1993 		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	App	lied For
THE DISCOUNT	26 THE DIS	COU	NT	65-0465225	Not	Applicable
PARTY WAREHOUSE	SPARTY WA	REH	OUSE		\$8.75 Ad Fee Req	
²²⁾ 2061-2067 N. University Dr. Coral Springs, FL 33071	Cit, 2061 2067 N. 28 Coral Spring	s, FL	33071	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip Country 24 25	Zip 30	Country		8, This corporation owes the current year Intanger Personal Property Tax.		⊐No
9. Name and Address of Curren				10. Name and Address of New Registered Ag	ent	
		81	Name			.
ROBERT A. ARABIAN, P.A. 83333 W. MCNAB ROAD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE. 220		83				
TAMARAC FL 33321		63				
TAWATAO 12 00021		84	City	FL	85 Zip Co	ode
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida. Such change was auth	orizea by	tne corporation	oration submits this statement for the purpose of chin's board of directors. I hereby accept the appointing	anging its re nent as regi	egistered stered
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Ager	t signature required	when reinstating) DATE		— ì
	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 12
TITLE DAR	₩ DELETE	1.1 TITLE	¥	The state of the s	Change	Addition
NAME STOLL, ELLIOT	/`	12 NAME	lie	mac Languille lane.		~)
STREET ADDRESS 9923 NW 64 COURT		13 STREET	ADDRESS	(2,70,1,100,110)		ا الرح
CITY-ST-ZIP PARKLAND FL	· •	1.4 CITY-S	T-ZIP	Sign Floring	<u></u>	
TITLE DS	DELETE	2.1 ΠTLE			Change	☐ Addition
NAME STOLL, VIVIAN	/	2.2 NAME				
STREET ADDRESS 9923 NW 64 COURT		2.3 STREET	ADORESS			
CITY-ST-ZIP PARKLAND FL		2.4 CITY-S	T-ZIP			
TITLE DVP ~	DELETE	3.1 TITLE			Change	☐ Addition
NAME ISRAELIAN, ARIE	, -	3.2 NAME				}
STREET ADDRESS 10236 BROOKVILLE LANE		3.3 STREET	ADDRESS			
CITY-ST-ZIP BOCA RATON FL	- 1./	3.4. CITY-S	T-ZIP			
TITLE DT	X) DELETE	4.1 TITLE		[Change	Addition
NAME ISRAELIAN, M ARCIE	/	4. 2 NAME				
STREET ADDRESS 10236 BROOKVILLE LANE		4.3 STREET	T ADDRESS			
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-S	T-ZIP			
TITLE	DELETE	5.1 TITLE		Ι	Change	Addition)
NAME	•	5.2 NAME				}
STREET ADDRESS		5.3 STREET	TADDRESS			
CITY-ST-ZIP		5.4 CITY-S	T-ZIP			
TITLE	☐ DELETE	6.1 TITLE		[Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREE	TADDRESS			Ì
OUT COT THE		6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE: