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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Merthani Secutary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000005336 (0)

1. Corporation Name BALLOONS BY DONNA, INC.

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Principal Place of Business 13309 HAMNER AVE.

Mailing Address

PO BOX 200545 TAMPA FL 33682



17,000,77,12		US							
					3. Date incorporated or Qualified 01/10/1994	3a. Date of Last Report 04/20/1995			
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number 59-3222050	Applied For Not Applicable			
Suite, Apl. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional			
22		27			5. Certificate of Status Desired	Fee Required			
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be			
23		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country	i	8. This corporation has liability for a				
24	25	29	30		Florida Statutes Yes	□No			
	9. Name and Address of Currer	it registered Agent	81	Name	10. Name and Address of New R	egistered Agent			
GUILE	TT, M E								
	HAMNER AVE.		82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
TAMPA FL 33612			83						
			84	City		FI 85 Zip Code			
11. Pursua t to	the provisions of Sections 607.0503	2 and 607.1508, Florida Statut	es, the above	L named corpor	ration submits this statement for the pur	pose of changing its registered office			
or registare familiar with	d agent, or both, in the State of Flori	da. Such change was authoriz to d 607 0505. Florida Statuter	red by the com	oration's bca	rd of directors. I hereby accept the appo	bintment as registered agent. Lam			
SIGNATURE		ellett	J.			4-8-96			
	equature, typed or proted name of registered agric	ranci liter Lappili, albiz (N	DT: Hoystered Age	d signature neucle	o with the real straight	DAIL			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				
TITLE	GULLETT, DONNA L	☐ DELETE	1.1100			Change			
NAME	13309 HAMNER AVE.		1.2 NAMS						
STREET ADDRESS	TAMPA FL 33612		1 3 S1REE	1					
CITY-ST-ZIP TITLE	DVS	☐ DELETE	1.4 City - : 2.1 Till LE	ST 20P		Change Addition			
NAME	GULLETT, M E		2 2 NAME			E Change Magniph			
STREET ADDRESS	13309 HAMNER AVE.		2.3 S1R8t	Anopees					
CITY-ST-ZIP	TAMPA FL 33612		24 City - 5	-					
TITLE		☐ DELETE	3 1 11116	11-211		Change Addition			
NAME			3.2 NAME	ی					
STREET ADDRESS			3.3 SIMFE	LADDRESS					
CITY - ST - ZIP			3.4 CITY-1	51 - ZIP					
TITLE		☐ DEFE1F	4 1 TITLE		Marine sende mari	Change Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS					
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP	7000017 9 -04/29/96010	17897			
TITLE		☐ DELETE	5 1 THEF			2 Change Addition			
NAME			5.2 NAME		***200.00				
STREET ADDRESS			5.3 STREET	ļ					
CITY - ST - ZIP TITLE		□ DECETE	5.4 CHY+5 5.1 THUE	57-712		Change Maddit on			
NAME		□ becen	6 2 NAME			Change [] Augusti			
STREET ADDRESS			6.3 STHEET	MUNDESS		4-26.96			
CITY+ST-ZIP			64 CITY - 5			U.V.E.			
OLIT STATE			D 4 E Y + 3	1.617		1 11			

14. Too 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 snal, 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 13 if changed, or on an attachment with an address.

SIGNATURE: Nonna

Jon na La Sala Clatt Donna signature and typed on printed name of signing officer on director

L. Gullett 4-22 96 813)932 4083