

4-29-97 B-5754 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000006582 (8)

1. Corporation Name
PARTYWORKS FLORIDA, INC.



Principal Place of Business 4451 OLD WINTER GARDEN RD. ORLANDO FL 32811	Mailing Address 4451 OLD WINTER GARDEN RD. ORLANDO FL 32811-4204
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Ocoee, FL 34761-2038 485 W. Silver Star Road
Ocoee, FL 34761-2038 485 W. Silver Star Road

2. Principal Place of Business 21 485 W. Silver Star Road Suite, Apt. #, etc. 22 City & State 23 Ocoee, FL Zip 24 34761-2038	2a. Mailing Address 26 485 W. Silver Star Road Suite, Apt. #, etc. 27 City & State 28 Ocoee, FL Zip 29 34761-2038
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3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 07/01/1996
4. FEI Number 59-3221162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEARLMAN, CRAIG S 201 S. ORANGE AVE., STE. 900 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HERZIG, PETER J	1.2 NAME	
STREET ADDRESS	318 E. GENEVA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOCEE FL 34761	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	WALLICK, KERRY	2.2 NAME	
STREET ADDRESS	318 E. GENEVA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOCEE FL 34761	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 407-654-0000
Date Daytime Phone #

CR2E034 (9/96)