

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 03

DOCUMENT # P94000032830 (9)

1. Corporation Name

PARTY NOW, INC.

Principal Place of Business

4788 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33319

Mailing Address

4788 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

2. Principal Place of Business

21 6230 W. Indiantown Rd

2a. Mailing Address

26 Same

4. FEL Number

65-0491796

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Jupiter, Florida

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 33458

Country

25 Palm Beach

Zip

29

Country

30

7. This corporation has liability for intangible tax under s. 189.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

COLEMAN, GAYLE E
200 EAST LAS OLAS BLVD.
STE. 1900
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEVRIES, DONNA
STREET ADDRESS 4788 WEST COMMERCIAL BLVD.
CITY ST ZIP FORT LAUDERDALE FL 33319

TITLE D
NAME DEVRIES, GEORGE
STREET ADDRESS 4788 WEST COMMERCIAL BLVD.
CITY ST ZIP FORT LAUDERDALE FL 33319

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

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)(a), 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 this 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:

Donna M. Devries

DONNA M. DEVRIES

4/28/95 407-745-9255