FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR 22 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040147 (8)

1. Corporation Name

PARTY CITY OF CARROLLWOOD, INC.

Principal Place of Business	Mailing Address
~~3103 MOOG ROAD~~ ~~HOLIDAY FL 34691~~	~~3103 MOOG ROAD~~ ~~HOLIDAY FL 34691~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1994
3a. Date of Last Report:
4. FEI Number: 59-3249798 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 11777 N. Dale Mabry Hwy	26 11777 N. Dale Mabry Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33618 25 Country: Hillsborough	29 Zip: 33618 30 Country: Hillsborough

9. Name and Address of Current Registered Agent

DREW, KRISTINE A
3103 MOOG ROAD
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name: K
82 Street Address (P.O. Box Number is Not Acceptable): 14013 Clubhouse Circle
83 The Village Apartments
84 City: Tampa FL 85 Zip Code: 33624

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: Kristine Drew 3/15/95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	WOLFE, WILLIAM A	1.2 NAME	Kristine A. Drew	
STREET ADDRESS	3103 MOOG ROAD	1.3 STREET ADDRESS	14013 Clubhouse Circle	
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	2.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	WOLFE, ELIZABETH J	2.2 NAME	Cameron S. Drew	
STREET ADDRESS	3103 MOOG ROAD	2.3 STREET ADDRESS	14013 Clubhouse Circle	
CITY-ST-ZIP	HOLIDAY FL 34691	2.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: Kristine Drew 3/15/95 (813) 265-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461609 FP