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 MAY -1 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047519 (1)

1. Corporation Name
PARTY CITY OF PALM HARBOR, INC.

Principal Place of Business	Mailing Address
~~4813 TROUBLE CREEK RD.~~ ~~NEW PORT RICHEY FL 34652~~	~~4813 TROUBLE CREEK RD.~~ ~~NEW PORT RICHEY FL 34652~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 36001 US 19 N.
22: Suite, Apt. #, etc.
23: City & State: Palm Harbor, FL
24: Zip: 34684 25: County: Pinellas

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: County

4. FEI Number: 59-3251428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRINGTON, WILLIAM J III
~~4813 TROUBLE CREEK RD.~~ 36001 US 19 N.
~~NEW PORT RICHEY FL 34652~~ PALM HARBOR, FL. 34684

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 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: X William J. Harrington 4/18/95
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	11 TITLE	V. President / Director	☒ Change ☐ Addition
NAME	HARRINGTON, WILLIAM J III	12 NAME		
STREET ADDRESS	~~4813 TROUBLE CREEK RD.~~	13 STREET ADDRESS	36001 US 19 N.	
CITY ST ZIP	~~NEW PORT RICHEY FL 34652~~	14 CITY ST ZIP	PALM HARBOR, FL. 34684	
TITLE	D	21 TITLE	Sec/ TREAS. / Director	☒ Change ☐ Addition
NAME	HARRINGTON, SALLY A	22 NAME		
STREET ADDRESS	~~4813 TROUBLE CREEK RD.~~	23 STREET ADDRESS	same as above	
CITY ST ZIP	~~NEW PORT RICHEY FL 34652~~	24 CITY ST ZIP		
TITLE	D	31 TITLE	Director	☒ Change ☐ Addition
NAME	HARRINGTON, ROSE M	32 NAME		
STREET ADDRESS	~~4813 TROUBLE CREEK RD.~~	33 STREET ADDRESS	Same as above	
CITY ST ZIP	~~NEW PORT RICHEY FL 34652~~	34 CITY ST ZIP		
TITLE	D	41 TITLE	V. President / Director	☒ Change ☐ Addition
NAME	MARTIN, KENNETH R	42 NAME		
STREET ADDRESS	~~4813 TROUBLE CREEK RD.~~	43 STREET ADDRESS	same as above	
CITY ST ZIP	~~NEW PORT RICHEY FL 34652~~	44 CITY ST ZIP		
TITLE	D	51 TITLE	President / Director	☒ Change ☐ Addition
NAME	MARTIN, ROSEMARY H	52 NAME		
STREET ADDRESS	~~4813 TROUBLE CREEK RD.~~	53 STREET ADDRESS	same as above	
CITY ST ZIP	~~NEW PORT RICHEY FL 34652~~	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Sally A. Harrington - Sally Harrington 4/18/95 (813) 784-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0364007 CP