FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048838 (4)

FILED Apr 15 1998 8:00am Secretary of State

MORE	THAN BALLOONS, INC.			 	48 60 K
					(
Principal Place of Business Mailing Address				}	
KISSIMALE FL. 34 More Than Balloons, Incommer FL 347502210				DO NOT WRITE IN THIS SPACE	
Clarifont, FL 34711-6934				3. Date Incorporated or Qualified	
				06/30/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 231	3 GRASMENE CIRCLE	26 23/3 GRASI	nene Ciecle	59-3252064	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 Additional
22		27		or comments or contract	Fee Required
City & Stat	emont FL	City & State	EL	6. Election Campaign Financing	\$5.00 May Be
		1201	Countri	Trust Fund Contribution	Added to Fees
Zip 24 347	Country LAICE	Zip 29 347// 36	Country LAKE	 This corporation owes or has pa Personal Property Tax due June 	
24 2 7	9. Name and Address of Current		7	10. Name and Address of New Re	
LANGEN, TENNI LEE					
2400 RAVENDALE CT 2313 GRASMERE CIRCLE 82 Street Address KISSIMMEE FL 04758 CLERMONT FC 34711				ss (P.O. Box Number is Not Acceptab)(e)
P13	DIMMBETE OFFICE CLEANING	mar pe 54711	83		
			84 City		FL 85 Zip Code
44 Pureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutas	the above named corns	ration submits this statement for the r	
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 analizable (NOTE: D	legistered Agent signature required	d when rejectating	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELET e	1,1 TITLE		Change Addition
NAME	LANGER, HENRY L		1,2 NAME		
STREET ADDRESS	2400 RAVENDALE COURT- 7	.313 GRASHEM Ci	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 94758-2219	Cleamont Fl 34711	1.4 CITY+ST-ZIP		
TITLE	VST	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	I ANGER AU FEN		2.2 NAME		j
STREET ADDRESS	2409 RAVENDALE CT 23/3	GRASMER Ci	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISOIMMEE FL C/ccmm	4, FL 3474	2, 4 CITY - ST - ZIP		Ì
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		į
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		l
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	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 hereby o	pertify that the information supplied with	this filing does not qualify for t	he exemption stated in S	ection 119.07(3)(i), Florida Statutes. I	further certify that the information
indicated officer or	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach	annual report is true and accura er or trustee empowered to exe	ite and that my signature	shall have the same legal effect as if	made under oath; that I am an