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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90066 025 ***150.00

DOCUMENT # P94000060104

1. Corporation Name

PARTY CRACKERS, INC.



Principal Place of Business

**16649 APPALOOSA TR
MONTVERDE FL 34756**

Mailing Address

**POST OFFICE BOX 12-1062
CLERMONT FL 34712
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FULTON, PATRICIA
16649 APPALOOSA TR
MONTVERDE FL 34756**

10. Name and Address of New Registered Agent

81

Name

Janice Flowers

82

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

15840-215 St. Rd. 50

83

84

City

Clermont

FL

85

Zip Code

34711

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

Janice Lee Flowers (owner)

3-19-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

FULTON, PATRICIA

STREET ADDRESS

16649 APPALOOSA TR

CITY-ST-ZIP

MONTVERDE FL 34756

TITLE

D

NAME

FLOWERS, JANICE

STREET ADDRESS

15840-215 STATE ROUTE 50

CITY-ST-ZIP

CLERMONT FL 34711

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Janice Lee Flowers (Janice Lee Flowers)* **3-19-99** **352-394-7733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)