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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086345

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90076 042 ***150.00

	THE PARTY WIZARD, INC.							
Principal Place	of Business	Mailing Address	1		# NON (100 F 120 101 F) 61304 BOIL	DEIII UBIII BUIUI	FB B 111	91 JB1 9111 1881
1592 LAKE BEN		1592 LAKE BEND PLACE			Ì			
ORANGE PARK FL 32073 ORANGE PARK FL 32073					DO NOT M	RITE IN THIS	CDACE	
					3. Date Incorporated or Qualif		3FAOL	
					01/01/1995	00		
2 Principal P	lace of Business	2a. Mailing Address		=	4. FEI Number		Ar	plied For
21 Tuloipai 1	1000 01 24311000	26			65-0560687		No.	ot Applicable
Suite, Apt.	#, etc	. Suite, Apt. #, etc.	 - ·-	• ~ :			\$8.75	Additional
22	•	27			5. Certifcate of Status Desired	· ⊔	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing	o D		May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the o	current year Int		
24	25	29	30		Personal Property Tax.	Basistand	Yes	□No
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of Ne	w registered	Agent	———
KVM	RADT, RUSSELL W			Name				
	LAKE BEND PLACE		8:	2 Street	Address (P.O. Box Number is Not Acce	eptable)		
	NGE PARK FL 32073		8:	<u> </u>				
Onn	MOE TAIN TE GEGTO			<u></u>		_		
			8	4 City		FL	85 Zip	Code
	to the provisions of Sections 607 0502	and 607.1508, Florida Statut	es, the abo	ve-named	corporation submits this statement for	the purpose of	changing its	registered
office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida, Such change was a	utborized b	v tne cord	oration's board of directors. I nereby ac	cept the appoi	intment as re	gistered
office or r	agistared agent, or both, in the State o	of Florida. Such change was a ions of, Section 607.0505, Flo	uthorized by rida Statute : Registered Ag	y ine corp is.	required when reinstating)	DATE		
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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:

NING OFFICER OR DIRECTOR