FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MENT # POSOOO39159 (9)

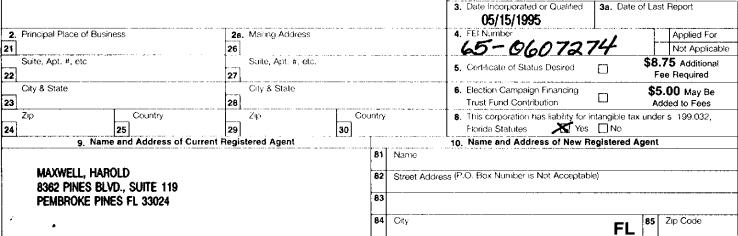
| 1. Corporation Name | P93000036136 (6) |
|---------------------|------------------|
| A AWESOME PARTY | , INC. |

8362 PINES BLVD., SUITE 119 PEMBROKE PINES FL 33024

Principal Place of Business

Mailing Address

8362 PINES BLVD., SUITE 119 PEMBROKE PINES FL 33024



11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submitts 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

| SIGNATURE Signature, typed on pricing the or regulated agreed and blood agreed are should Require of Agreed Signature required when reported on the OATE | | | | | | |
|--|-----------------------------|------------|---------------------|---|--|--|
| 12. | OFFICERS AND DIRECTO | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PSTD | DELETE | 1 1 TITLE | Change Addition | | |
| NAME | MAXWELL, HAROLD | | 1.2 NAME | | | |
| STREET ADDRESS | 8362 PINES BLVD., SUITE 119 | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | | 1.4 CHY+S1+ZIP | | | |
| TITLE | | DELFTE | 2 1 TITLE | Change Addition | | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2 4 CITY - ST - ZIP | ·a, | | |
| TITLE | | DEFE 16 | 3 1 TITLE | ☐ Change ☐ Addition | | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 3 4 CITY - ST- 2IP | | | |
| THTLE | | DELETE | 4. 1 TOLE | Change Addition | | |
| NAME | | | 4 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 4.4 CHY+S1+2IP | | | |
| TITLE | | DELÉTÉ | 5 1 TITLE | Change Addition | | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STHEET ADDRESS | | | |
| CITY-ST-ZIP | | | 5 4 CITY - ST - ZIP | | | |
| TITLE | | []] DELETE | 6 1 TITLE | 50000177942 9 Addition | | |
| NAME | | | 6.2 NAME | 5000017794299 Addition -04/15/9601021014 | | |
| STREET ADDRESS | | | 6 3 STREAT ADDRESS | ***200.00 | | |
| CITY OT TID | | | CACITY CT 710 | | | |

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)(k), 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 eath, 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: Alano

HONOUL B. Marrie Dan PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 954-432-748

CR2E034 (12/95)