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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009414 (9)

1. Corporation Name
MOOKIE'S PARTY BUS, INC.

Principal Place of Business
14432-116TH AVENUE NORTH
LARGO FL 34644

Mailing Address
14432-116TH AVENUE NORTH
LARGO FL 34644



3. Date Incorporated or Qualified 01/28/1996
3a. Date of Last Report

2. Principal Place of Business 21 14160 113th AVE N. Suite, Apt. #, etc. 22 LARGO, FL. City & State 23 Zip 33774 Country 24 33774 25	2a. Mailing Address 26 14160 113th AVE N. Suite, Apt. #, etc. 27 LARGO, FL. City & State 28 LARGO Zip 33774 Country 29 33774 30	4. FEI Number 59-3358026 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HERTING, MICHAEL L
14432-116TH AVENUE NORTH
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 14160 113th AVE N
84 City
85 FL 33774

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / TREASURER	1.1 TITLE	
NAME	MICHAEL L. HERTING	1.2 NAME	
STREET ADDRESS	14160 113th AVE N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL. 33774	1.4 CITY - ST - ZIP	
TITLE	VICE-PRESIDENT / SECRETARY	2.1 TITLE	
NAME	CYNTHIA R. HERTING	2.2 NAME	
STREET ADDRESS	14160 113th AVE N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO, FL. 33774	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97 813-596-5158

CR2E034 (9/96)