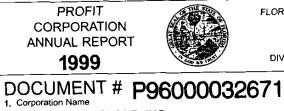
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SUPER PARTY STORE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90187 031 ***150.00

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Principal Place of Business Mailing Address									
832 G2 MILITARY TRAIL IOYNTON BEACH FL 33436		9832 MILITARY TRAIL BOYNTON BEACH FL 33436	BOYNTON BEACH FL 33436			DO NOT WR	TE IN THIS	SPACE	
us us						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
						04/15/1996			
	(0)	2a, Mailing Address				4. FEI Number		- Appl	ied For
≒ :	ace of Business	<u>├</u>				65-0673405		Not /	Applicable
1 Cuito Ant 1	t oto	Suite, Apt. #, etc.						\$8.75 Ad	ditional
Salic, Apr. 4, old						5. Certificate of Status Desired		Fee Requ	uired
City & State			City & State			6, Election Campaign Financing		\$5.00 N	lay Be
3	•	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur	rent year inf		-
4	25	29	30			Personal Property Tax.			□No
<u></u>	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	
				81	Name	-			}
KLEIN, ROBERT					Street Addre	ess (P.O. Box Number is Not Accep	:able)		
7242 CLUNIE PLACE				82					<u></u>
	15201			83	-				
DELF	XAY BEACH FL 33446			84	City			85 Zip Co	ode
				1	•	oration submits this statement for the	<u> </u>		
agent, I a	n familiar with, and accept the oblig	ations of, Section 607,0505, Flor	nga Otat			or action submits this statement of action's board of directors. I hereby according to the control of the contr	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS A		
TITLE	Р	☐ DELETE	1.1 TI	ITLE				Change	Addition \
NAME	KLEIN, ROBERT		. 1.2 N	AME	ļ				}
STREET ADDRESS	TO SECURITE DI ACE INSTITUTO ACCOM			TREET A	DORESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446		1.4 C	ITY-ST-Z	ZIP			Change	Addition
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NAME			2.2 N	AME	ł				
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TITLE		☐ DELETÉ		NAME				<u> </u>	_
NAME					nnaece				}
STREET ADDRESS	l		0.33	SINCELA	ADDRESS	•			

14. I hereby certify that the information supplied with this filling 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 the an attactionent with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR