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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000046142 (1)

1. Corporation Name
FANTASY PARTIES, INCORPORATED



Principal Place of Business

1325 N. ATLANTIC AVENUE
SUITE 401
COCOA BEACH FL 32901

Mailing Address

1325 N. ATLANTIC AVENUE
SUITE 401
COCOA BEACH FL 32931-3280

3. Date Incorporated or Qualified

05/23/1996

3a. Date of Last Report

4. FEI Number

59-3383328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2425 N. Courtenay Pkwy.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

* 2

27 City & State

23 Merritt Island, FL.

28 Zip

24 32953

Country USA

29 Zip

25 32953

Country USA

9. Name and Address of Current Registered Agent

HOWARD, CYNTHIA B
1325 N. ATLANTIC AVENUE
SUITE 401
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

Cynthia B. Howard

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

2425 N. Courtenay Pkwy.

83 Suite # 2

84 City

Merritt Island

FL

85 Zip Code

32953

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: Cynthia B. Howard

Cynthia B. Howard

2-12-97

12. OFFICERS AND DIRECTORS

TITLE President
NAME Cynthia B Howard
STREET ADDRESS 2425 N. Courtenay Pkwy #2
CITY-ST-ZIP Merritt Island, FL 32953

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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, or on an attachment with an address.

SIGNATURE:

Cynthia B. Howard

2-12-97 (407) 459-0144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)