


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

FILED

Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mouham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>996000054291</u> 1. Corporation Name <u>Party Planning Connection Inc.</u>			
Principal Place of Business <u>1322 Braeburn</u> <u>North Lauderdale, FL 33068</u>		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
<u>21</u>	<u>26</u>	<u>6-24-96</u>	<u>first one</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
<u>22</u>	<u>27</u>	<u>65-0675817</u>	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<u>23</u>	<u>28</u>	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution	<input type="checkbox"/>
<u>24</u>	<u>25</u>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>29</u>	<u>30</u>		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>Marisa Hopkins</u> <u>1322 Braeburn</u> <u>North Lauderdale, FL 33068</u>		<u>81</u> Name	
		<u>82</u> Street Address (P.O. Box Number is Not Acceptable)	
		<u>83</u>	
		<u>84</u> City <u>FL</u> <u>85</u> Zip Code	
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 <u>Marisa Hopkins</u> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	<u>President</u>	<input type="checkbox"/> DELETE	
NAME	<u>Marisa Hopkins</u>		
STREET ADDRESS	<u>1322 Braeburn</u>		
CITY-ST-ZIP	<u>North Lauderdale, FL 33068</u>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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			
<u>800002213918</u> <u>-06/17/97--01002--033</u> <u>***165.00</u>			
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: <u>Marisa Hopkins</u> <u>Marisa Hopkins</u> <u>4-30-97</u> <u>(954)977-4010</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)