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Apr 30 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 # P96000056183 (2)

1. Corporation Name

PARTY OUTLET OF BREVARD, INC.

Principal Place of Business

15141 71 DRIVE NORTH
PALM BEACH GARDEN FL 33418

Mailing Address

15141 71 DRIVE NORTH
PALM BEACH GARDEN FL 33418-1940



3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 3453 W. NEW HAVEN

Suite, Apt. #, etc.

22 City & State

23 W. MELBOURNE, FL

24 Zip

25 Country USA

26 BREVARD CITY

27 Zip

28 33417

29 Country USA

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2a. Mailing Address

26 4833 OKEECHOBEE BLVD

Suite, Apt. #, etc.

27 103

City & State

28 WEST PALM BCH

Zip

29 33417

Country

30 USA

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4. FEI Number

65-0691397

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

10. Name and Address of New Registered Agent

81 Name Bonnie L. Alvarez
82 Street Address (P.O. Box Number is Not Acceptable)
15141 71ST DR. N.
83
84 City
PALM BEACH GARDENS FL
85 Zip Code
33418

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 BONNIE L. WAZNAK-ALVAREZ, PRES Bonnie L. Waznak-Alvarez, Pres 4/1/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 Bonnie L. Waznak-Alvarez, Pres 4/1/97 561-683-3000

CR2E034 (9/96)