

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

FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000487 (3)

1. Corporation Name  
GROUPS & PARTIES, INC.

Principal Place of Business

9000 W. SHERIDAN ST  
#144  
PEMBROKE PINES FL 33024

Mailing Address

9000 W. SHERIDAN ST  
#144  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

65-0715606

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

KRONOWITZ, KENNETH G  
9000 W. SHERIDAN ST  
#109  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name SAAVEDRA, DAMASO W., ESQ  
82 Street Address (P.O. Box Number is Not Acceptable)  
312 S.E. 17th ST  
83 SECOND FLOOR  
84 City FT. LAUDERDALE FL 85 Zip Code 33316

11. Pursuant to the provisions of Section 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 to 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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/98

12. OFFICERS AND DIRECTORS

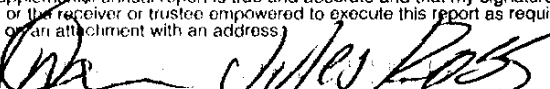
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRONOWITZ, KENNETH G	
STREET ADDRESS	9000 W. SHERIDAN ST., #144	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOGERMAN, IRVING	
1.3 STREET ADDRESS	1500 NW FIRST ST. SUITE 1-C	
1.4 CITY-ST-ZIP	DANIA, FL 33004	
2.1 TITLE	V.S.T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSS, JULES	
2.3 STREET ADDRESS	1500 NW FIRST ST. SUITE 1-C	
2.4 CITY-ST-ZIP	DANIA, FL 33004	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 as an attachment with an address.

SIGNATURE:

 2/24/98

CP2E034 (10/97)