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

PROFIT
CORPORATION
ANNUAL REPORT
**1998**

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

**DOCUMENT #   P97000024659 (9)**

1. Corporation Name

**THE PARTY PROS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3009 EDGEWATER DRIVE<br>ORLANDO FL 32804 | 3009 EDGEWATER DRIVE<br>ORLANDO FL 32804 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**03/14/1997**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.  22 | Suite, Apt. #, etc.  27 |
| City & State  23 | City & State  28 |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

4. FEI Number  59·3436059   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

**9. Name and Address of Current Registered Agent**

SHAFER, MARIA N
3009 EDGEWATER DRIVE
ORLANDO FL 32804

**10. Name and Address of New Registered Agent**

| 81 | Name |
|---|---|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City                     FL | 85 | 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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE PRES ☐ DELETE<br>NAME MARIA SHAFER<br>STREET ADDRESS 2308 OBERLIN AVE<br>CITY-ST-ZIP ORLANDO FL 32804 | | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/97)

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 on an attachment with an address.