


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

FILED  
Jul 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000064141 (9)**

1. Corporation Name  
**PARTIES BY FRED, INC.**



Principal Place of Business  
**7237 W 30TH COURT  
HIALEAH FL 33018**

Mailing Address  
**7237 W 30TH COURT  
HIALEAH FL 33018**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/24/1997</b>	
4. FEI Number <b>364726446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Principal Place of Business 21 <b>3300 W. 84 STREET</b> Suite, Apt. #, etc. 22 <b>STORE #17</b> City & State 23 <b>HIALEAH, FLA.</b> Zip 24 <b>33018</b>	2a. Mailing Address 26 <b>3300 W. 84 STREET</b> Suite, Apt. #, etc. 27 <b>STORE #17</b> City & State 28 <b>HIALEAH, FLA.</b> Zip 29 <b>33018</b> Country 30 <b>U.S.A</b>

9. Name and Address of Current Registered Agent <b>EVERY WICHITA 7237 W 30TH COURT HIALEAH FL 33018</b>		10. Name and Address of New Registered Agent 81 Name <b>Every, WICHITA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1997 N.W. 130 Avenue</b> 83 84 City <b>Pembroke Pines</b> FL 85 Zip Code <b>33028</b>	
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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]* N/A *[Signature]* **July 2/98**  
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD EVERY, WICHITA 7237 W 30TH COURT HIALEAH FL 33018</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT Every, WICHITA 1997 NW 130 AVE Pembroke Pines, FL 33028</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a new address.

SIGNATURE *[Signature]* **July 2/98 (3rd) PK 5988**

CR2E034 (10/97)