## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	S07811
1. Corporation Name		

(0)

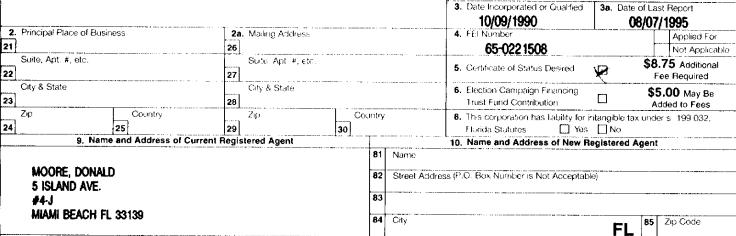
DONALD MOORE PARTY DESIGN, INC.

20855	NE	16TH	AVEN	ΙE	#24
NORTH	l M	AMI E	EACH	FL	33179

Principal Place of Business

Mailing Address

20855 NE 16TH AVENUE #24 NORTH MIAMI BEACH FL 33179



11. Pursuant to the provisions of Sections 607,0502 and 607 1508. FI ce

or registered agent or both in the State of Florida Such charge was authorized by the corporation's board of orectors. Thereby accept the appointment as registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes.	itered offici ant. I am
SIGNATI IDE	

12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12
TOTLE	P\$	DELETE	1 TITLE	Change Addition
NAME	MOORE, DONALD		1.2 NAME	
STREET ADDRESS	5 ISLAND AVE., #4-J		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL		1.4 CiTY+ST ZiP	
THILE	TD	DELETE	2 1 TITLE	Change Addition
NAME	MOORE, DONALD		2.2 NAME	
STREET ADDRESS	5 ISLAND AVE., #4-J		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2 4 C(TY - \$1 - Z)P	
TITLE		DELETE	3 1 THLE	Change Addition
NAME			3 2 NAME	
STREET ADORESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - ST - ZIP	
TITLE		☐ DELETE	4 1 10116	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
C-TY-ST-ZIP			4.4 CITY - ST - 7/P	
THILE		DELETE	5 1 110LE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 C/1Y - \$1 - Z/P	
TITLE		DELETE	6 1 TillF	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			€ 3 STHEFT ADDRESS	
CITY-SI-ZIP			6.4 DIFY - ST - ZIF	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

SIGNATURE:

SIGNATURE AND TYPED OR PRIMPED NAME