


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

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Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S08031 (4) 1. Corporation Name PK PARTY RENTAL, INC.					
Principal Place of Business 1016 SKIPPER RD TAMPA FL 33613 US			Mailing Address 1016 SKIPPER RD TAMPA FL 33613 US		
2. Principal Place of Business 21 1016 Skipper Rd. Suite, Apt. #, etc. 22 Tampa, FL City & State 23 33613 Zip 24 USA Country			2a. Mailing Address 26 1016 Skipper Rd. Suite, Apt. #, etc. 27 Tampa, FL City & State 28 33613 Zip 29 USA Country		
9. Name and Address of Current Registered Agent KRUEGER, PATRICIA 1016 SKIPPER ROAD TAMPA FL 33613			10. Name and Address of New Registered Agent 81 Name Patricia Krueger 82 Street Address (P.O. Box Number is Not Acceptable) 1016 Skipper Road 83 84 City Tampa FL 85 Zip Code 33613		
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 TITLE P <input type="checkbox"/> DELETE NAME KRUEGER, PATRICIA A. STREET ADDRESS 1016 SKIPPER RD. CITY - ST - ZIP TAMPA FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 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 on an attachment with an address.					
SIGNATURE Patricia Krueger 4-2-98 (813) 971-4444					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)