

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S25942** (1)

1. Corporation Name
INFLATABLEXPERTS, INC.



Principal Place of Business: **2226 SOUTH FEDERAL HIGHWAY FT LAUDERDALE FL 33316**
Mailing Address: **2226 SOUTH FEDERAL HIGHWAY FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **01/18/1991**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number 65-0241551	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

~~MINERLEY, KENNETH T
2101 CORPORATE BLVD., N.W., SUITE 400
BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name: **Sean Marie Lema**
82 Street Address (P.O. Box Number is Not Acceptable): **2226 S. Federal Hwy**
83
84 City: **Ft Lauderdale** FL 85 Zip Code: **33316**

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: *Sean Marie Lema* DATE: **5-28-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AULAN, HENRI	12 NAME	
STREET ADDRESS	411 ST. VALIER	13 STREET ADDRESS	
CITY-ST-ZIP	GRANBY, QUEBEC, CANADA	14 CITY-ST-ZIP	
TITLE	PSTD <input type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMWELL, RICHARD H	22 NAME	
STREET ADDRESS	ONE CAOMMERICAL WHARF	23 STREET ADDRESS	114 Cochituate Rd
CITY-ST-ZIP	NEWPORT RI 02840	24 CITY-ST-ZIP	Wayland MA 01778
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	800001854888
CITY-ST-ZIP		54 CITY-ST-ZIP	-06/07/96--01010--018
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	***225.00
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 an address.

SIGNATURE: *R. D. A. D.* DATE: **1/29/96** DAYTIME PHONE: **305 764 1161**

CR2E034 (12/95)