FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # V23873 (5)

1. Corporation Name
CELEBRATIONS OF WEST BOCA, INC.

Principal Place of Business
9834 GLADES RD.
BOCA RATON FL 33434

Mailing Address
9834 GLADES RD.
BOCA RATON FL 33434

3. Date Incorporated or Qualified: 03/20/1992
3a. Date of Last Report: 03/01/1994
4. FEI Number: 65-0323086 — 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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent
HERRMANN, THOMAS
20312 HACIENDA COURT
BOCA RATON FL 33498

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 617.0502, 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 ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	BUGLINO, JOHN M.
STREET ADDRESS	4301 N OCEAN BLVD 708-A
CITY-ST-ZIP	BOCA RATON FL
TITLE	DV
NAME	BUGLINO, PHILIP D.
STREET ADDRESS	4000 TOWERSIDE DR
CITY-ST-ZIP	MIAMI FL
TITLE	DP
NAME	HERRMANN, THOMAS
STREET ADDRESS	20312 HACIENDA COURT
CITY-ST-ZIP	BOCA RATON FL
TITLE	DS
NAME	HERRMANN, ALYSSA
STREET ADDRESS	20312 HACIENDA COURT
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (each entry: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition)

14. I do 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: [signature] 1/19/95 407-488-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263026 CP