

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90008 003 ****61.25

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DOCUMENT # 729769

1. Corporation Name

BALLET FLORIDA, INC.

Principal Place of Business
**500 FERN STREET
WEST PALM BEACH FL 33401**

Mailing Address
**500 FERN STREET
WEST PALM BEACH FL 33401**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7384346	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BUHECK, JOSEPH J. JR. 2555 CANTERBURY DRIVE SOUTH W PALM BCH. FL 33407				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, COLIN	1.2 NAME	
STREET ADDRESS	1000 AVE OF CHAMPIONS	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLINGER, JAN	2.2 NAME	
STREET ADDRESS	45 EAST 89TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10028	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITIZIO, RICHARD	3.2 NAME	
STREET ADDRESS	15800 MEADOW WOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, MARIE	4.2 NAME	
STREET ADDRESS	5200 N DIXIE 1501	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, MONIKA	5.2 NAME	
STREET ADDRESS	237 PONCE DE LEON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELESCO, SUSAN	6.2 NAME	
STREET ADDRESS	150 VIA BELLARIA	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/5/99 (561) 659 1212 x 26

CR2E037 (11/98)