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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L18273 (7)

1. Corporation Name

SARABAY DANCE CLUB, INC.

Principal Place of Business

% ROBERT P. SCHEB
1605 MAIN ST. STE 705; P O DRAWER 4275
SARASOTA FL 34236-5863

Mailing Address

% ROBERT P. SCHEB
1605 MAIN ST. STE 705; P O DRAWER 4275
SARASOTA FL 34236-5863

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Sarabay Dance Club	26 Sarabay Dance Club
Suite, Apt. #, etc. 22 6513 14th St. W. #145	Suite, Apt. #, etc. 27 P.O. Box 11470
City & State 23 Bradenton, FL	City & State 28 Bradenton, FL
Zip 24 34207 Country 25 Manatee	Zip 29 34282 Country 30 Manatee

3. Date Incorporated or Qualified: 09/22/1989
3a. Date of Last Report: 05/11/1994
4. FEI Number: 65-0149616 ☐ 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

9. Name and Address of Current Registered Agent

SCHEB, ROBERT P.
1605 MAIN STREET, STE 705
SARASOTA FL 34236

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	CHAWI, SOUHAD F.	12 NAME	
STREET ADDRESS	2703 BARNARD RD	13 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	CHAWI, TERESA F.	22 NAME	
STREET ADDRESS	2703 BARNARD RD	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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)(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] SOUHAD CHAWI 5-28-95 813 755-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341162 CP