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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L18273

Principal Place of Business

SARABAY DANCE CLUB, INC.

FIL	ÆD
Mar 14, 19	999 8:00 am
	y of State
03 17 1000 000	11 01 4 ***150 00

SARABAY DANG		SARABAY DANCE CLUB							
6513_14TH ST V BRADENTON FL			DO NOT WRITE IN THIS SPACE						
US		US			3. Date Incorporated or Qualifed 09/22/1989				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	TA	pplied For	
→ .	ace of business	26				65-0149616	<u> </u>	lot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22	.,,	27				5. Certifcate of Status Desired	Fee R	tequired	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be			
23		28	28		Trust Fund Contribution	Added	to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	29 30			Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent		
2011	55 DOD557 D			81	Name				
	EB, ROBERT P.			82	Street Address (P.O. Box Number is Not Acceptable)				
	MAIN STREET, STE 705								
SAH	ASOTA FL 34236			83					
				84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the a	bove-r	named cor	rporation submits this statement for the purpose of	changing it	s registered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	uthorized	d by th	e corporat	tion's board of directors. I hereby accept the appoint	ntment as r	egistered	
•	m ramiliar with, and accept the our	galloris of, decilor our .0003, rich	ida Otati	uico.				J	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered	Agent s	ignature requir	red when reinstating) DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DPT	☐ DELETE	E 1.1 TITLE				Change	Addition	
NAME	CHAWI, SOUHAD F.		1.2 NAME					ļ	
STREET ADDRESS	2703 BARNARD RD		1.3 \$1	TREET A	DDRESS				
CITY-ST-ZIP	BRADENTON FL		1.4 Ci	rry-st-z	ZIP				
TITLE	DVT	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	CHAWI, TERESA F.		2.2 NA		1			ſ	
STREET ADDRESS	2703 BARNARD RD		2.3 S1	TREET A	DDRESS				
CITY-ST-ZIP	BRADENTON FL		2.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	3.1 TI	TLE			Change	Addition	
NAME			3.2 N	AME	1			}	
STREET ADDRESS			3.3 \$1	TREET A	DORESS				
CITY-ST-ZIP			3.4. C	ITY-ST-	ZIP				
TITLE		□ DELETE	4.1 TI	TLE	- 1		☐ Change	Addition	
NAME 1	.'		4. 2 N	IAME					
STREET ADDRESS		, "	4.3 \$7	TREET A	DORESS			ļ	
CITY-ST-ZIP		C7 00 ===	_	IT <u>Y-ST-</u> 2	ZIP		Chance	Addition	
TITLE		☐ DELETE	5.1 TI				☐ Change	, D AUGINOU	
NAME			5.2 N/		ODOree	•		Ì	
STREET ADDRESS				TREET A			•		
CITY-ST-ZIP	ļ	Document	5.4 CF 6.1 TF	iTY-ST-Z	CIP'		Change	Addition	
TITLE		☐ DELETE							
NAME			6.2 N		DDDDD]	
STREET ADDRESS				TREET A					
CITY-ST-ZIP			6.4 CI	ITY-ST-2		0. (1. 440.07/0)/() [] . (4. 04-44-4-14-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		·	

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, with all other like empowered.

SIGNATURE;