

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrain
Secretary of State
1900 W. WASHINGTON BOULEVARD

DOCUMENT # **L70229** (4)

DANCE CLOSET, INC.

APPROVED
7/10
FILED
JULY 11 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 3141 S. FLORIDA AVE. SCOTTSDALE PLAZA LAKELAND FL 33803
Mailing Address: 3141 S. FLORIDA AVE. SCOTTSDALE PLAZA LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

2. Period of Report (Fiscal Year)		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/02/1990	04/29/1994
22		27		4. FEI Number	Applied For
23		28		59-3010769	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MUNDY, ROBBIE 3141 S. FLORIDA AVE. LAKELAND FL 33803				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City		85. Zip Code	
				FL			

11. I, the undersigned, the president of Section 1907.01 and 1907.15(4), Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office to 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 from [Name] and I accept the obligations of Section 1907.01(4), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD MUNDY, ROBBIE 630 PALENCIA PLACE LAKELAND FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD MUNDY, FRANCES C. 3135 BONNYBROOK DR N LAKELAND FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the reasons stated in Law 1995-1(4), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE: *Frances C. Mundy* FRANCES C. Mundy 4-27-95 (813) 648-0473
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER