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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:25

DOCUMENT # **N42606** (6)

1. Corporation Name  
**SARASOTA DANCE CLUB, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**3780 PINEBROOK CIRCLE #104**  
**BRADENTON FL 34209**

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **02/03/1994**  
4. FEI Number **65-0252821** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **2100 E. LAUREL ST.** 26 **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **SARASOTA, FL.** 28  
Zip Country Zip Country  
24 **342** 25 **U.S.A.** 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**BRADEN, WANDA B.**  
**3780 PINEBROOK CIRCLE #104**  
**BRADENTON 34209**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>LEWIS, JAMES E</b>
STREET ADDRESS	<b>4316 BOWLING GREEN CIR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>T</b>
NAME	<b>BRADEN, WANDA B.</b>
STREET ADDRESS	<b>3780 PINEBROOK CIRC #104</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	<b>S</b>
NAME	<b>TRASFERINI, PEARL</b>
STREET ADDRESS	<b>347 WILLOW LANE</b>
CITY-ST-ZIP	<b>ELLENTON FL</b>
TITLE	<b>D</b>
NAME	<b>TRASFERINI, SAM</b>
STREET ADDRESS	<b>347 WILLOW LANE</b>
CITY-ST-ZIP	<b>ELLENTON FL</b>
TITLE	<b>D</b>
NAME	<b>KALKBRENNER, MARVIN</b>
STREET ADDRESS	<b>5104 COMMONWEALTH RD</b>
CITY-ST-ZIP	<b>PALMETTO FL</b>
TITLE	<b>D</b>
NAME	<b>BARRY, JACK</b>
STREET ADDRESS	<b>926 CORTINA BLVD.</b>
CITY-ST-ZIP	<b>VENICE FL</b>

1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GEORGE BIERNAT</b>
1.3 STREET ADDRESS	<b>797 BAVENO DR</b>
1.4 CITY-ST-ZIP	<b>VENICE, FL. 34292</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JOE SIMPSON (JOSEPH B.)</b>
4.3 STREET ADDRESS	<b>5451 REGENT PLACE</b>
4.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34233</b>
5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOE MATTINGLY (JOSEPH E.)</b>
5.3 STREET ADDRESS	<b>454 PINEVIEW DR.</b>
5.4 CITY-ST-ZIP	<b>VENICE, FL. 34292</b>
6.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ED BOWEN (EDWIN)</b>
6.3 STREET ADDRESS	<b>6605 13<sup>TH</sup> AVE. DR.W.</b>
6.4 CITY-ST-ZIP	<b>BRADENTON, FL. 34209</b>

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)(k), 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.

SIGNATURE: *Wanda B. Braden, Trust.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-95 795-3076  
Date Signature Phone #

**WANDA B. BRADEN**