

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N42606 (6)  
1. Corporation Name  
SARASOTA DANCE CLUB, INC.



Principal Place of Business: 2635 Fruitville Rd., SARASOTA FL 34232 US  
Mailing Address: 224 KENSINGTON ST. PORT CHARLOTTE FL 33954-3006 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 03/18/1991  
3a. Date of Last Report: 04/24/1996  
4. FEI Number: 65-0252821  
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  
JOAN SCARANI  
62 MEADOWLARK CIRCLE  
ELLENTON, FL. 34222

10. Name and Address of New Registered Agent  
81 Name: (Changed on 1996 Report)  
82 Street Address: (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 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: *Joan Scarani* DATE: 2-5-97

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MCAREN, DARRYL
STREET ADDRESS	5765 WHISTLEWOOD CIRCLE
CITY-ST-ZIP	SARASOTA FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BIERNAT, GEORGE
STREET ADDRESS	797 BAVENO DR
CITY-ST-ZIP	VENICE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WEST, DORIS
STREET ADDRESS	3208 CAMBRIDGE AVENUE
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LUCAS, GORDON
STREET ADDRESS	650 WATER LILY DRIVE JAPANESE GARDENS
CITY-ST-ZIP	VENICE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNS, ELDEN
STREET ADDRESS	11793 SW DALLAS DRIVE S
CITY-ST-ZIP	LAE SUZY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCARANI, LOU
STREET ADDRESS	62 MEADOWLARK CIRCLE
CITY-ST-ZIP	ELLENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same Darryl Mcaren
1.3 STREET ADDRESS	Same Darryl Mcaren
1.4 CITY-ST-ZIP	
2.1 TITLE	V-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Kelroy
2.3 STREET ADDRESS	3180 Highlands Road
2.4 CITY-ST-ZIP	Harbour Heights, FL 33983-3450
3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same Doris West
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same Gordon Lucas
4.3 STREET ADDRESS	Gordon Lucas
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same Elden Johns
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same Lou Scarani
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Joan Scarani* DATE: 2-11-97 DAYTIME PHONE: 1-941-723-394

CFR2037 (9/96)