(10/01)	
2E034	
g	

FILE	NOW: FILING FEE	AFTER N	MAY 1ST IS	\$550	.00 /	anuded	
COF ANNU	PROFIT RPORATION JAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		STATE	From I Law Lab	
DOCUI 1. Corporatio	MENT # 105000	n Ulolou	12.			98 DEC 17 AM 10: 08 SECRETARY OF STATE	
	ABC MED WAY,	~		-		TALLAHASSÉE, FLÖRÍÐA	
Principal Plac		•	Address				
327 NE 118th TERR MIAMI, FL. 33161-6128					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
2. Principal P 21 Suite, Apt	lace of Business	26	ing Address			4. FEI Number 65-0505297 Applied For Not Applicable	
22 Scale, Apr.	*. etc	27	e, Apr. +, erc			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State 23 Zip	Country	28 Zip	& State	Country		- 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution	
24	25	29	30	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Co.	rent Registered	Agent	81	Name	10. Name and Address of New Registered Agent	
,	FLOR CRISOLOGO	•					
	327 NE 118th			82		Address (PO, Box Number is Not Acceptable)	
	MIAMI, FL. 331	161		83			
ļ				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607	0502 and 607 15	08, Florida Statutes.	the above	e-named		
Į.	egistered agent, or both, in the Si m familiar with, and accept the of	ate of Fiorida, Si oligations of, Sec	tion 607.0505, Florid	iorized by la Statutes	y the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature niced or printed name of registere			egistered Age	ent signature	e required when reinstaing) DATE	
12.	OFFICERS	AND DIRECTOR	IS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	FLOR CRISOLOGO)	·	1.2 NAME		PRESIDENT DICHARGE AGRAGACION JUAN CRISOLOGO	
STREET ADORESS	327 NE 188th 7		_	1 3 STREET	ADDRESS	327 NE 188th TERR	
CITY-ST-ZIP	MIAMI, FL. 331	161	- December	1,4 CITY - S	ST-ZIP	MIAMI, FL. 33161	
TITLE			☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS				23 STREET	T ADDRESS	7000027214678 -12/24/9801006015	
CITY-ST-ZIP	,			2 4 CITY-	ST-ZIP	米米米米米自 25 米米米米米自 25	
TITLE			☐ DELETE	3,1 TITLE		☐ Change ☐ Addition	
STREE ADDRESS				3 2 NAME 3.3 STREET	T ADDRESS		
CITY-ST-ZIP				3.4, C1TY-			
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS				4.2 NAME	T ADORESS		
CITY-ST-ZIP				4.4 CITY-			
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS				5.2 NAME	T ADDRESS		
CITY-ST-ZIP				5.4 CITY-			
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS				6.2 NAME	T ADDRESS	1 CAN	
CITY-ST-ZIP		4.41	ক্ষা কুলোক <u>অভিনিধ</u>	6.4 CITY	ST-ZIP	(M	
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, Number 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.							
ļ	$\alpha \gamma \gamma$	O C	Lot	٦.		Crisologo 12/11/98	
SIGNATURE: NEW COULD TO THE OF STANG OFFICER OF DIRECTOR Crisologo 12/11/98 Daytime Phone #							

SECOND NOTICE: CORPORATION WILL BE DISSOLVED COLOR AFTER SERIE AMOUNT DUE ON OF SEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). APPROVEO NONPROFIT AND FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 DEC 17 PM 1: 25 DOCUMENT # N97000006929 (0) SECRETARY OF STATE
TALLAHASSEE, FLORIDA FIRST COAST BALLET, INC. Principal Place of Business Mailing Address 610 FLORIDA BLVD 3. Date Incorporated or Qualified NEPTUNE BEACH FL 32266-3606 NEPTUNE BEACH FL 32266-3606 12/05/1997 4. FEI Number Applied For Not Applicable <u>59-3485281</u> 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?
Yes No Yes 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENDE, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 610 FLORIDA BLVD 83 NEPTUNE BEACH FL 32266-3606 City 84 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE DELETE 1.1 TITLE Addition <u>Õ</u> 500002721459 12/24/98--01006 MENDE, MINDI L NAME 1.2 NAME -004 1800 THE GREENS WY, APT 607 STREET ADDRESS 1.3 STREET ADDRESS ****61.25 *****61.25 JACKSONVILLE BEACH FL 32250-2421 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition MENDE, RICHARD T NAME 2.2 NAME 1800 THE GREENS WY, APT 607 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250-2421 CITY-ST-ZIF 2.4 CITY-ST-ZIF TITLE 3.1 TITLE Change DELETE Addition NIME MOORMAN, JEFFREY 3.2 NAME 12204 BLUE SAGE DR STREET ADDRES 3.3 STREET ADDRESS OKLAHOMA CITY OK 73120 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition BARDEL, KATHA 4.2 NAME 2008 MISTLETOE CT 4.3 STREET ADDRESS STREET ADDRESS EDMOND OK 73034 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition MCCOY, STEVE NAME 5.2 NAME 4 SAILFISH DR STREET ADDRES 5.3 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIF 5.4 CITY-ST-ZIF TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

-IGNADURET CORROLL ERICHDE

SIGNATURES