PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G62064

1. Corporation Name

THE DANCERS LOFT, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90125 031 ***150.00

INEUA	NOLIIS LOI I, INC	J.					
Principal Flac	e of Business		Mailing Address				I Identiti sala silis wan sana sili sisi attu sisi sizi atau atau atau
4656 SW 72ND			4656 SW 72ND AVENUE				
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS SPACE	
							Date Incorporated or Qualifed
							08/30/1983
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-2330386 No: Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22			27				
City & 5 tate			City & State				6. Electic n Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23			Zip Country				
Zip.				uriiry		8. This curporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24	25		Parlatered Apont	30	_		Personal Property Tax. LJ YesNo 10. Name and Address of New Registered Agent
	9. Name and Adc re	ess or current	registered Agent		81	Name	19. Mains and Addiess of their registers a register
GOF	rdon, Lewis G. E				L		
1320 S. DIXIE HWY.					82	Street Ac	Acidress (P.O. Bo) Number is Not Acceptable)
CORAL GABLES FL 33146					83		
					00		
Ì					84	City	FL 85 Zip Code
office (r t	registered agent, or both	in the State c	f Florida, Such change was	.authorize	id bv	the corpora	corporation submits this statement for the purpose of changing its registered proteins board of directors. I hereby accept the approintment as registered
agent. ⊢a	am familiar with, and acc	ept the obligati	ons of, Section 607.0505, FI	orida Sta	tutes	i.	
SIGNATURE							
	Signature, typed or printed na no			E: Registere	_ <u> </u>	nt signature req	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS IN 12
12,	DST	OFFICERS AND	DELETE				Change Addition
TITLE	DANLEY, SUZANNI	E G	F7 OFFFIE		1.1 TITLE 1.2 NAME		
NAME	COOO CW 405 TERRACE			r.10000000			
STREET ADDRESS	MIAMI FL	NACE		1.3 STREET		i	
CITY-ST-ZIP	DP WIAWITL		DELETE		14 CITY-ST-ZI		☐ Change ☐ Addition
TITLE			∟ DELETE		2.1 TITLE		- Studge - Addition
NAME	COOD CIM 405 TERRACE		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRE 3S	1	RACE					
CITY-ST-ZIP	MIAMI FL		[] DELETE		CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			C1 DETER		IIILE		
NAME					NAME.		
STREET ADDRESS	1					ADDRESS	
CITY-ST-ZIP			☐ DELETE		CITY-S	SI-ZIP	☐ Change ☐ Addition
TITLE					TITLE		
NAME					NAME		
STREET ADDRESS						TADDRESS	
CITY-ST-ZIP	<u> </u>		☐ DELETE		CITY-S	1-ZIP	☐ Change ☐ Addition
TITLE			T) nere le		ITLE	1	
NAME					JALAC		
STREET ADDRESS				4	VAME	TADODESE	
CITY- ST- ZIP				5.3	STREET	T ADDRESS	
I TITLE			T nourse	5.3 S	STREET	ì	
TITLE			☐ DELETE	5.3 5 5.4 6	STREET CITY-S	ì	☐ Change ☐ Addition
NAME			☐ DELETE	5.3 5 5.4 6 6.1 6.21	STREET CITY-S TITLE NAME	T-ZIP	
)			☐ DELETE	5.33 5.44 6.1 6.2 6.33	STREET CITY-S TITLE NAME	T-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 a hual 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 and attachment with an address with all other like empowered.

SIGNATURE:

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

666-4938

Javime Phone #

4-26-99

R2E034 (11/98)