

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 044 ****61.25

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1. Corporation Name

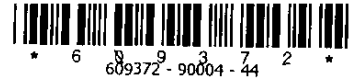
BOCA BALLET THEATRE COMPANY

Principal Place of Business

5620-B N FEDERAL HWY
BOCA RATON FL 33487
US

Mailing Address

5620B N FEDERAL HWY
BOCA RATON FL 33487
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/06/1990

4. FEI Number

65-0238234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAGDASARIAN, RICHARD C ESQ.
1800 CORPORATE BLVD. N.W.
SUITE 302
BOCA RATON FL 33431

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 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)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME BAGDASARIAN, RICHARD C
STREET ADDRESS 1800 CORPORATE BLVD. N.W.
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D
NAME CHADWICK, LISA
STREET ADDRESS 5965 BUENA VISTA CORUT
CITY-ST-ZIP BOCA RATON FL

TITLE PD
NAME MARMORY, SETH
STREET ADDRESS 100 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPD
NAME BECK, SUSAN
STREET ADDRESS 4325 NW 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL

TITLE SD
NAME SIMMS, FRED
STREET ADDRESS 3212 N.W. 64TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE DT
NAME STEVENS, STOTT
STREET ADDRESS 2620 NW 42ND ST
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Court
2.4 CITY-ST-ZIP 33433

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Marmor, Seth
3.3 STREET ADDRESS Suite 700
3.4 CITY-ST-ZIP 33309

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Same
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33431

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 1928 Thatch Palm Drive
5.4 CITY-ST-ZIP Boca Raton, FL 33432

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Stevens, Stott
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33434

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)