

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 285180 (6)

1. Corporation Name  
**FRED ASTAIRE DANCE STUDIOS, INC.**



Principal Place of Business: 500 W. CYPRESS CREEK RD. STE. #410 FT. LAUDERDALE FL 33309 US  
Mailing Address: 500 W. CYPRESS CREEK RD. STE. #410 FT. LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: 09/17/1964  
3a. Date of Last Report: 04/24/1995  
4. FEI Number: 59-1069523  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent: SCHULTZ, MICHAEL, President 500 W. CYPRESS CREEK RD. STE. #410 FT. LAUDERDALE FL 33309  
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 assume the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Michael Schultz* 3/25/96  
Signature of Principal Place of Business Registered Agent (if not applicable) or Registered Agent Signature (required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, MICHAEL	1.2 NAME	P/D SCHULTZ, MICHAEL
STREET ADDRESS	500 W. CYPRESS CREEK RD., #410	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPIER, KAY C	2.2 NAME	
STREET ADDRESS	500 W. CYPRESS CREEK RD., #410	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	<del>P/D</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SCHIAVONE, GUY</del>	3.2 NAME	
STREET ADDRESS	<del>500 W. CYPRESS CREEK RD., #410</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>FT. LAUDERDALE, FL 33309</del>	3.4 CITY-ST-ZIP	
TITLE	<del>S/D</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ROTHWILER, JACK</del>	4.2 NAME	
STREET ADDRESS	<del>500 W. CYPRESS CREEK RD. #410</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>FT. LAUDERDALE, FL 33309</del>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on any attachment with an address.

SIGNATURE: *Michael Schultz* 3/25/96 305-491-9255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Printer)

CR2E034 (12/95)