

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 20 AM 9:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 505224**

**(6)**

1. Corporation Name

**WORLD DANCE STUDIOS, INC.**

Principal Place of Business

**15410 SW 77TH AVENUE  
MIAMI FL 33157**

Mailing Address

**% HMPD  
16100 NE 16 AVE  
NO MIAMI BCH FL 33162  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/15/1976**

3a. Date of Last Report

**04/14/1994**

4. FEI Number

**59-1676853**

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**

6. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**THEISS, GEORGE B.  
15410 SW 77TH AVE.  
MIAMI FL 33157**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the / applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>PSD</b>                  |
| NAME            | <b>THEISS, GEORGE B.</b>    |
| STREET ADDRESS  | <b>15410 S.W. 77TH AVE.</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           | <b>V</b>                    |
| NAME            | <b>THEISS, LEONARD J.</b>   |
| STREET ADDRESS  | <b>118 ANCHORAGE DR.</b>    |
| CITY - ST - ZIP | <b>NORTH PALM BCH FL</b>    |
| TITLE           | <b>T</b>                    |
| NAME            | <b>THEISS, ALICE W.</b>     |
| STREET ADDRESS  | <b>118 ANCHORAGE DR.</b>    |
| CITY - ST - ZIP | <b>NORTH PALM BCH FL</b>    |
| TITLE           | <b>S</b>                    |
| NAME            | <b>THEISS, GEORGIA H.</b>   |
| STREET ADDRESS  | <b>15410 SW 77 AVENUE</b>   |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME            |                                                                   |
| 1 3 STREET ADDRESS  |                                                                   |
| 1 4 CITY - ST - ZIP |                                                                   |
| 2 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME            |                                                                   |
| 2 3 STREET ADDRESS  |                                                                   |
| 2 4 CITY - ST - ZIP |                                                                   |
| 3 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME            |                                                                   |
| 3 3 STREET ADDRESS  |                                                                   |
| 3 4 CITY - ST - ZIP |                                                                   |
| 4 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME            |                                                                   |
| 4 3 STREET ADDRESS  |                                                                   |
| 4 4 CITY - ST - ZIP |                                                                   |
| 5 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME            |                                                                   |
| 5 3 STREET ADDRESS  |                                                                   |
| 5 4 CITY - ST - ZIP |                                                                   |
| 6 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME            |                                                                   |
| 6 3 STREET ADDRESS  |                                                                   |
| 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 110.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

*George B. Theiss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/95 - 305-238-2020*  
DATE (typed or printed)