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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 609671

(3)

FIRETHORN SCHOOL OF DANCE, INC.  Principal Place of Business Mailing Address  10630 N 56TH STREET TEMPLE TERRACE FL 33617  TEMPLE TERRACE FL 33617								
					3. Date incorporated or Qualified 02/03/1979		te of Last 4/28/19	
. Principal F ]	Pace of Business	2a. Mailing Address			4. FEI Number 59-1885130			Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					60.7	Not Applicab
l	<del></del>	27			5. Certificate of Status Desired			5 Additional Required
- City & Stat I	te	City & State			6. Election Campaign Financing			00 May Be
Zipi	Country	28 Zp	Count		Trust Fund Contribution	L.}	Add	ed to Fees
,	25	29	Count/	у	This corporation has liability for Florida Statutes	intang:ble t [] No	ax under s	s 199.032 <sub>.</sub>
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F		Agent	
HATOUR	-D 101111 0		81	1 Name		<del></del>		
	ER, JOHN S		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)			
436 S. PINEHURST AVE TEMPLE TERRACE FL 33617					·	·		
121111 22	TENEVOL ( E OOO ( )		83	3				
			84	City		FI	<b>85</b> Z	ip Code
Pursuant	to the provisions of Continue COV OF					FL	<u></u>	
0	to the provisions of Sections 607 050	02 and 607.1508, Florida Stati	utes, the above	named corpor	ration submits this statement for the nur	giose of ch	annino ite.	
or register familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	02 and 607.1508, Florida Stati rida: Such change was author ction 607.0505, Florida Statuti	utes, the above- rized by the corp es.	narned corpor poration's boa	ration submits this statement for the pur and of directors. I hereby accept the app	rpose of ch pointment as	anging its registered	registered offi d agent. I am
or register familiar wi					ration submits this statement for the puring of directors. I hereby accept the app	ruose of ch ointment as	anging its registered	registered offe diagent. Lam
NATURE.	Signature, typod or printed name of registered age:	nt and the if applicable	NOTE Registered Agr		ed whice recustate go	DATE		
inature. 	Signature, typod or printed name of registered age:	nt and title if anywholder 17 ND DIRECTORS	NOTE Registered Age	न्तरे इत्यानां कर काञ्च गानन		DATE ICERS AND	DIRECTO	DRS IN 12
6NATURE. 	Styrefure, typed or printed name of registered ago: OFFICERS AN	nt and the if applicable	NOTE Registered Agr	edi squature requese	ed whice recustate go	DATE ICERS AND		
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SIGNATURE:

JULIA CHATCHEL (Lucia Hatcher Pres) 4-6-96 813 988 8699