## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE ...

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DO€UMENT#** 

707016

SPECTACULAR INC. BALLET

Principal Place of Business

Mailing Address

59 NW 2544 AVR MIAMI, TLA 33125 P.O BOX 014871 MIAMI, FLA 33101

## Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90001 026 \*\*\*\*70.00

2. Principal Plan	e of Business 2a. Mailing Address					3. Date Incorporated or Qualifed				
21	26					3/20/19	164			
	Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		App	lied For	
22	27					59-1992	704	Not	Applicable	
City & State City & State					5. Certifcate of Status Desire	ed 📭	\$8.75 A	dditional		
28				_	<u>_</u> .	5. Certificate of Status Desire		Fee Red	quired	
- Zip	Country	Zip	Zip Count			6. Election Campaign Finance	ing 🛮	\$5.00	Мау Ве	
24 25 29 30					Trust Fund Contribution			Added to	Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of N	ew Registered	Agent		
59 NW 25 th AVR MIAMI, FLA. 33125					Name					
					32 Street Address (P.O. Box Number is Not Acceptable)					
					City			85 Zip C	ode	
					•		FL	-		
11. Pursuant to	the provisions of Sections 617.0502	ove	-named corpor	ration 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.										
	Tanana man, and accept and a sugar									
SIGNATURE s	gnature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered	Agent	signature required t		DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A			
TITLE	PTD	☐ DELETE	1.1 TIT	LE				Change	☐ Addition	
NAME		MAIS	1.2 NA	ME						
STREET ADDRESS	TADDRESS FOR REAL 13S			REET.	ADDRESS					
CITY-ST-ZIP	59 NW 25th A	22125	1.4 CIT	Y-ST	-ZIP					
								Change	Addition	
NAME	SD SWALES BURNS				}					
STREET ADDRESS	SHIRLEY EVANS 59 NW 25th AVR 2351			REET.	ADDRESS					
CITY-ST-ZIP	MIAMI FLA 33125 240									
TITLE T	i≞ IIDELETE ■347i			_		<del></del>		Change	Addition	
NAME	D GEORGE OWENS 32N			ME						
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				TY-ST	Į.					
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TITLE		☐ DETE IE	6.2 NA					□ ∧uguige		
NAME					ADDRESS					
STREET ADDRESS					ADDRESS					
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indicated or officer or dir	rify that the information supplied with n this annual report or supplemental a rector of the corporation or the receive Block 13 if changed, or on an attach	nnual report is true and accu er or trustee empowered to e	rate and execute th	that is re	my signature : port as require	shall have the same legal effect	as if made und	er oath; that I	am an	