FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

720583

(4)

THE SINGLES' DANCE CLUB OF THE PALM BEACHES, INC

•						
Principal Place of Business		Mailing Address	Mailing Address		10 1441 01011 EXWIN DIBIS DIDIS GEDIS EXPESSED	
P. O. BOX 15993 P. O. BOX 15993 W PALM BEACH FL 33406-5238 W PALM BEACH FL 33416-		5993				
				3. Date incorporated or Qualified 03/24/1971	3a. Date of Last Report 02/14/1996	
2. Principal 21	Place of Business	2a. Mailing Address		4. FEI Number 59-2392257	Applied For Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	28 Zip	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,	
24	25 9. Name and Address of Curr		30	Florida Statutes 10. Name and Address of New R	Yes No	
	9, Name and Address of Cur	ent negistered Agent	81 Name		Johnston Po Villen	
DADVE	D FOWARD D		ot Hank			
PARKER, EDWARD B.			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
5971 LA PINATA BOULEVARD, APT C-2 APT 202			83			
	iacres fl 33463					
GREEN	INUNES FL 33403		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 regist						
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		3				
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NOTE	Registered Agent signatu	re required when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	VPD	L DELETE	1.1 TITLE		Change Addition	
NAME	CRIFACI, MARIE		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS	6		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE	1	Change Addition	
NAME	MCCANN, EVELYN		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	S		
CITY-ST-ZIP	PALM SPRINGS FL		2. 4 CITY+ST-ZIP			
DTLE	TD	☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition	
NAME	COSCO, JOAN		3.2 NAME		;	
STREET ADDRESS			3.3 STREET ADDRESS	5		
CITY-ST-ZIP	GREENACRES FL		3.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	4.1 TITLE		Change Addition	
NAME	PARKER, EDWARD B.		4. 2 NAME			
STREET ADDRESS	1	.RD, APT. C-2	4.3 STREET ADDRESS	3		
CITY-ST-ZIP	GREENACRES FL		4.4 CITY - ST - ZIP			
TITLE	VPD	DELETE	5.1 TITLE	VPD	Change Addition	
NAME	SULLIVAN, PAT		5.2 NAME	MILTON KLEINMAN		
STREET ADDRESS			5.3 STREET ADDRESS	COVENTRY J-223		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	West Palm Beach, FL 33	1417	
TITLE	MD	☐ DELETE	61 TITLE	1000011, 111 00	Change Addition	
NAME	MARO, FRANK		62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	s		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP			

14. I do 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 atlachment with an address.

Singles Dance Club of the Pan Book Singles Jac.

SIGNATURE: By -Top Cosco Description of Signature and Typed on Printing Name of Signature of Diffector

1/10/97

Daytime Phone # 0041383

FILED

Jan 17 1997 8:00am

Secretary of State