FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 720583

1. Corporation Name

THE SINGLES' DANCE CLUB OF THE PALM BEACHES, INC

Principal Place of Business

Mailing Address

P. O. BOX 15993

W PALM BEACH FL 33406-5238

P. O. BOX 15993 W PALM BEACH FL 33406-5238

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90121 045 ****61.25



2 Deiesipol Di	ace of Business	2a.	Mailing Address				+-	3. Date Incorporated or Qualife	•			
Zi Fillicipal Fi	ace of Business	26	Maining / toologe				- 1	03/24/1971			[
Suite, Apt.	# etc		Suite, Apt. #, etc.					4. FEI Number		App	lied For	
	, , 0.0.	27					ł	59-2392257		Not	Applicable	
22] City & State	3 ~	 -' -	City & State					E. O. Jiferster of Status Designed		\$8.75 A	dditional	
23		28	•				ļ	5. Certificate of Status Desired		Fee Red	uired	
Zip	Country	_	Zip	Cour	ntry			6. Election Campaign Financing		\$5.00	May Be	
24	25	29		30				Trust Fund Contribution	<u> </u>	Added to	Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
						81 Name SUSAN BLAKE						
PARKER, EDWARD B.					82 Street Address (P.O. Box Number is Not Acceptable)							
5971 LA PINATA BOULEVARD, APT C-2					and Charles to the control of the co							
APT 202					83	200	·	Cipacley No		VILLA	No.	
	RES FL 33463		į				20 CROSIEY DR. E VILLA M					
					84	WEST	T 1	PALM BEACH		L 33	415	
10 10 10 10 10 10 10 10 10 10 10 10 10 1												
office or registered egent, or both, in the State of Florida, Stich Change was allingfized by the corporation's bodit of directors, i tieropy accept the appointment as registered												
agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE ORT ORT												
SIGNATURE	Signature, typed or printed name of registered agent a	and title if	applicable. (NOTE	: Registered	Agen	t signature requi	ired wh	en reinstating)	D111E			
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO C	FFICERS			
ΠΤLE	PD		☐ DELETE	1.1 गा	1.E	/	VF	20		Change	Addition	
NAME	CRIFACI, MARIE			1.2 NA	ΜE							
STREET ADDRESS	2693 EXUMA ROAD			1.3 \$17	REET	ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL.			1.4 CIT	TY-\$1							
TITLE	VPD		X DELETE	2.1 111	ILE.		PI			Change	Addition	
NAME	MARCIN, JOANN			2.2 NA	MÉ	2	70%	IN ROBBINS 5 MARSHWOOD L	سير د مد در		J	
STREET ADDRESS	7514 75TH WAY			2.3 ST	REET	ADDRESS 3	12.	5 MARSAWOOU N	2 1/7)	
CITY-ST-ZIP	WEST PALM BEACH FL 33407			2. 4 Cſ	ΠY-S			VE WORTH FL 3	276/			
TITLE	SD		DELETE	3.1 111	ΠE		5 T) 		Change	Addition	
NAME	COSCO, JOAN			3.2 NA	ME	72	wo	Thy Ecker				
STREET ADDRESS	5671 LA PINATA BLVD C2			3.3 ST	REET			FLE MINGAVE				
CITY-ST-ZIP	GREENACRES FL			3.4. CI	ΠY-S	T-ZIP 6	₩	ENACRES, FL 3.	3463			
TITLE	TD		DELETE	4.1 131	nLE	7	TO	للماجع		☐ Change	Addition	
NAME	PARKER, EDWARD B.			4. 2 N	AME	5	54.	SAN BLAKE ROCROSLEY DR R T PALM BEACH,				
STREET ADDRESS	5971 LA PINATA BOULEVARD,	APT. (0-2	4.3 ST	REET	raddress 🍣	292	- RISLEY DE	• 		Į.	
CITY-ST-ZIP	GREENACRES FL			4.4 CD	TY-S	T-ZIP	les	T TALM OCACH	FL 3	3415		
TITLE	VPD		DELETE	5.1 TIT		F	D			Change	Addition	
NAME	KLEINMAN, MILTON			5.2 NA	ME							
STREET ADDRESS	COVENTRY J-233			5.3 ST	REET	T ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL	_		5.4 CI	TY-S	T-ZIP						
TITLE			DELETE	6.1 111	īŒ					Change	Addition	
NAME				6.2 NA	WE							
STREET ADORESS	#3 % : V":			6.3 ST	REET	T ADDRESS						
CITY-ST-ZIP	The same of the sa			6.4 CF	TY-S	T-ZIP						

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE:

SATURED SHATURE AND TYPED OR PRINTED NAME OF SIGNING OSSICER OR DIRECTOR

4-19-99 (SGi) 641-1718

CR2E037 (11/98