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FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729769 (0)

1. Corporation Name

BALLET FLORIDA, INC.

Principal Place of Business

500 FERN STREET  
WEST PALM BEACH FL 33401

Mailing Address

500 FERN STREET  
WEST PALM BEACH FL 33401-57263. Date Incorporated or Qualified  
05/27/19743a. Date of Last Report  
05/28/19964. FEI Number  
23-7384346Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BUCHECK, JOSEPH J. JR.  
2555 CANTERBURY DRIVE SOUTH  
W PALM BCH. FL 33407

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME WRIGHT, COLIN  
STREET ADDRESS 1000 AVE OF CHAMPIONS  
CITY-ST-ZIP PALM BEACH GARDENS FLTITLE PD ☒ DELETE  
NAME WHITE, LESLIE C  
STREET ADDRESS 177 CLARENDON AVE.  
CITY-ST-ZIP PALM BEACH FLTITLE SD ☐ DELETE  
NAME GLADSTONE, JONATHAN S  
STREET ADDRESS 171 DUNBAR RD.  
CITY-ST-ZIP PALM BEACH FLTITLE D ☐ DELETE  
NAME HALE, MARIE  
STREET ADDRESS 5200 N DIXIE 1501  
CITY-ST-ZIP W. PALM BEACH FLTITLE VD ☒ DELETE  
NAME BROIDA, EDWARD R  
STREET ADDRESS 2 BREAKERS ROW  
CITY-ST-ZIP PALM BEACH FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME President  
2.3 STREET ADDRESS Jerry E. Aron  
2.4 CITY-ST-ZIP 777 South Flagler Drive  
West Palm Beach, Fl. 334013.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Vice President  
5.3 STREET ADDRESS Jan Willinger  
5.4 CITY-ST-ZIP 324 El Bravo Way  
Palm Beach, FL. 334806.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

Daytime Phone # 0038030

CR2E037 (9/96)