


FILE NOW: FILING FEE IS \$61.25

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Aug 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729769** (0)

1. Corporation Name

**BALLET FLORIDA, INC.**



Principal Place of Business	Mailing Address
<b>500 FERN STREET WEST PALM BEACH FL 33401</b>	<b>500 FERN STREET WEST PALM BEACH FL 33401</b>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	<b>05/27/1974</b>
4. FEI Number	<b>23-7384346</b>
Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
<b>BUCHECK, JOSEPH J. JR. 2555 CANTERBURY DRIVE SOUTH W PALM BCH. FL 33407</b>

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CD WRIGHT, COLIN</b>
STREET ADDRESS	<b>1000 AVE OF CHAMPIONS</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P ARON, JERRY E.</b>
STREET ADDRESS	<b>777 S. FLAGLER DR.</b>
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD GLADSTONE, JONATHAN S</b>
STREET ADDRESS	<b>171 DUNBAR RD.</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HALE, MARIE</b>
STREET ADDRESS	<b>5200 N DIXIE 1501</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP WILLINGER, JAN</b>
STREET ADDRESS	<b>324 EL BRAVO WAY</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>President Jan Willinger</b>
2.3 STREET ADDRESS	<b>45 East 89th Street</b>
2.4 CITY-ST-ZIP	<b>New York, N.Y. 10028</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Secretary Richard Ditizio</b>
3.3 STREET ADDRESS	<b>15800 Meadow Wood Drive</b>
3.4 CITY-ST-ZIP	<b>Wellington, Fl. 33414</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Monika Evans</b>
4.3 STREET ADDRESS	<b>237 Ponce de Leon St</b>
4.4 CITY-ST-ZIP	<b>Royal Palm Beach, FL. 33411</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Vice President Susan Telesco</b>
5.3 STREET ADDRESS	<b>150 Via Bellaria</b>
5.4 CITY-ST-ZIP	<b>Palm Beach, FL. 33480</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>600002608436</b>
6.3 STREET ADDRESS	<b>-08/05/98--01099--018</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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.

SIGNATURE: *[Signature]* 6/30/98 (561)659-1212

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