

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

**FILED**  
**Jan 30 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
---	---	---

**DOCUMENT # 731445 (3)**  
 1. Corporation Name  
**THE THOMAS ARMOUR YOUTH BALLET, INC.**



Principal Place of Business <b>5818 SW 73RD STREET SOUTH MIAMI FL 33143 US</b>	Mailing Address <b>5818 S.W. 73RD STREET SOUTH MIAMI FL 33143</b>
---	--

3. Date Incorporated or Qualified <b>12/20/1974</b>	
4. FEI Number <b>59-6163957</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 checked="" 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 checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**ARMOUR, THOMAS  
520 GRAND CONCOURSE  
MIAMI SHORES FL 33138**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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: *Thomas Armour* (NOTE: Registered Agent signature required when reinstating)  
 DATE: **1/14/98**

**12. OFFICERS AND DIRECTORS**

TITLE	AP	<input checked="" type="checkbox"/> DELETE
NAME	NOLIN, MRS. WAYNE	
STREET ADDRESS	6100 S.W. 106TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIKE, MR. ROBERT E.	
STREET ADDRESS	276 N.E. 116 STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMOUR, THOMAS	
STREET ADDRESS	520 GRAND CONCOURSE	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, MRS JACK	
STREET ADDRESS	420 SUNSET DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, LAURA K.	
STREET ADDRESS	5898 SW 96TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D.P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WIESEN, Ruth Ann	
1.3 STREET ADDRESS	8021 SW 94 COURT	
1.4 CITY-ST-ZIP	MIAMI, FL 33173	
2.1 TITLE	D.P.A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Armour, Thomas	
2.3 STREET ADDRESS	520 Grand Concourse	
2.4 CITY-ST-ZIP	Miami Shores, FL.	
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pike, Mr. Robert E	
3.3 STREET ADDRESS	276 NE 116 St.	
3.4 CITY-ST-ZIP	Mia, FL.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**400002417804**  
**-02/02/98--01005--025**  
**\*\*\*61.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ruth Wiesen*

CP2E037 (10/97)