FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE
**********78.75 **********68.75

DOCUMENT # **751806** **(1)**

1. Corporation Name
KEY WEST DANCE THEATRE, INC.

Principal Place of Business	Mailing Address
916 ASHE ST. KEY WEST FL 33040	916 ASHE ST. KEY WEST FL 33040

3. Date Incorporated or Qualified: 03/31/1980
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-2017266 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 916 Pohalski St.	26 916 Pohalski St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Key west. Fla	28 City & State: Key West, Fla.
24 Zip: 33040 25 Country: U.S.A.	29 Zip: 33040 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST
KEY WEST FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KREINCES, FRANCINE N.	12 NAME	
STREET ADDRESS	12 ALLAMANDA TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	MOLLOT, PENNY	22 NAME	Penny Mollot Jampol
STREET ADDRESS	916 ASHE ST	23 STREET ADDRESS	916 Pohalski St.
CITY-ST-ZIP	KEY WEST , FL 00000	24 CITY-ST-ZIP	Key West, Fl.
TITLE	P	31 TITLE	☑ Change ☐ Addition
NAME	MOLLO, PENNY	32 NAME	Penny Mollot Jampol
STREET ADDRESS	916 ASHE STREET	33 STREET ADDRESS	916 Pohalski St.
CITY-ST-ZIP	KEY WEST , FL 00000	34 CITY-ST-ZIP	Key West. Fl.
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	TRADUP, ALLISON	42 NAME	Allison Tradup Mayer
STREET ADDRESS	319 DUVAL ST	43 STREET ADDRESS	1708 Catherine St.
CITY-ST-ZIP	KEY WEST , FL 00000	44 CITY-ST-ZIP	Key West. Fl.
TITLE	V	51 TITLE	☑ Change ☐ Addition
NAME	TRADUP, ALLISON	52 NAME	Allison Tradup Mayer
STREET ADDRESS	319 DUVAL STREET	53 STREET ADDRESS	1708 Catherine St.
CITY-ST-ZIP	KEY WEST , FL 00000	54 CITY-ST-ZIP	Key West, Fl.
TITLE	STD	61 TITLE	☐ Change ☐ Addition
NAME	KREINCES, FRANCES	62 NAME	
STREET ADDRESS	12 ALLAMANDA TERRACE	63 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST , FL 00000	64 CITY-ST-ZIP	

4/5/16

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Penny Mollot Jampol 4/29/95 305-296-9882
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009134