

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 MAR -6 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754981** (9)
1. Corporation Name
ZIEGFELD GIRLS OF FLORIDA, INC.

Principal Place of Business Mailing Address
% C. RICHARD SHAMEL JR., ESQ.
212 N. FEDERAL HWY.
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
11/04/1980 **02/23/1994**
4. FEI Number Applied For
59-2051259 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

9. Name and Address of Current Registered Agent
SHAMEL, C RICHARD, JR
212 NORTH FEDERAL HWY
DEERFIELD BEACH FL 33441

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
VPD JONEWS, WANGER 2800 S. OCEAN BLVD BOCA RATON FL
30 FLADER, ALBIE 899 E JEFFREY ST APT 209 BOCA RATON FL
PD SWEENEY, PAT 5961 W W 2 AVE BOCA RATON FL 33487
D LYNCH, MEL 2200 SO OCEAN BLVD. POMPANO BEACH FL
VPD BONARD, BARBARA 1533 S.E. 8TH TERRACE DEERFIELD BEACH FL
30 Betty CALLIGAN, Betty 379 SW 17 ST BOCA RATON FL 33484

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- ZIP
2.1 TITLE Change Addition
2.2 NAME **FLADER, ALBIE**
2.3 STREET ADDRESS **899 E JEFFREY ST APT 209**
2.4 CITY- ST- ZIP **BOCA RATON, FL 33487**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP **33487 (Add 210)**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME **VPD BOWARD, BARBARA**
5.3 STREET ADDRESS **1244 So Alhambra Circle**
5.4 CITY- ST- ZIP **CORAL GABLES FL 33146**
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **PAT SWEENEY, Pres.** *Patricia K. Sweeney* 3/1/95 407-241-5523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #