

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F51826** (8)

1. Corporation Name  
**ELIZABETH PARSONS SCHOOL OF DANCE, INC.**



Principal Place of Business

Mailing Address

116 W 6TH AV  
PO BOX 1587  
WINDERMERE FL 34786  
US

% F.D. PARSONS  
26512 SAVAGE CIRCLE  
HOWEY-IN-THE-HILLS FL 34737  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PARSONS, F.D.  
26512 SAVAGE CIRCLE  
HOWEY-IN-THE-HILLS FL 34737

3. Date Incorporated or Qualified <b>10/29/1981</b>	3a. Date of Last Report <b>01/17/1995</b>
4. FEI Number <b>59-2138159</b>	Applied For 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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

11. Pursuant to the provisions of Sections 607(0)(9) and 607.1005, 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. Thereby, accept the appointment as registered agent. I am further willing, and accept the obligations of, Section 607.1005, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE <input type="checkbox"/> DIRECTOR	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME <b>DS PARSONS, F D</b>	2. NAME
3. STREET ADDRESS <b>26512 SAVAGE CIRCLE</b>	3. STREET ADDRESS
4. CITY-STATE-ZIP <b>HOWEY-IN-THE-HILLS FL</b>	4. CITY-STATE-ZIP
5. TITLE <input type="checkbox"/> DIRECTOR	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME <b>DP PARSONS, ELIZABETH V</b>	6. NAME
7. STREET ADDRESS <b>26512 SAVAGE CIRCLE</b>	7. STREET ADDRESS
8. CITY-STATE-ZIP <b>HOWEY-IN-THE-HILLS FL</b>	8. CITY-STATE-ZIP
9. TITLE <input type="checkbox"/> DIRECTOR	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-STATE-ZIP	12. CITY-STATE-ZIP
13. TITLE <input type="checkbox"/> DIRECTOR	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-STATE-ZIP	16. CITY-STATE-ZIP
17. TITLE <input type="checkbox"/> DIRECTOR	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-STATE-ZIP	20. CITY-STATE-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 119.07(3)(k), 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **ELIZABETH V. PARSONS** *Elizabeth V. Parsons* 1-16-96 904-324-3175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)