FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F57752

(0)

ALICE QUESSY SCHOOL OF DANCE, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 104(100 (10) 01)(1)901) (000 01)(0)10(. Meller Meller Miller Meller mell		
251 LAKEVIEW DRIVE 2977 KENILWICK DR										
OLDSMAR F	L 34677		CLEARW	CLEARWATER FL 34621			DO NOT WOITE	DO NOT WRITE IN THIS SPACE		
US .							3. Date Incorporated or Qualified	IN THIS SPACE	 1	
							01/01/1982			
2. Principal F	Place of Busin	ness	2s. Mailin	a Address			4. FEI Number	I IA	pplied For	
21			} <u>-</u>	26			59-1962083	Not Applicable		
Sulte, Apt.	#. etc.			Suite, Apt. #, etc.				\$0.7E	Additional	
22			27	27			5. Certificate of Status Desired	T	equired	
City & Sta	te		·····	City & State			6. Election Campaign Financing	\$5.00	May Be	
23			28	28			Trust Fund Contribution Added to Fees			
Zip		Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible			
24		25	29	30			Personal Property Tax due June 30. Yes No			
		urrent Registered A	gent	10. Name and Address of New Registered Agent 811 Name						
LAMACCHIA, ALICE QUESSY						Name				
		ick dr so.		į		82 Street Address (P.O. Box Number is Not Acceptable)				
Cl	.earwatef	R FL 34621		1		ļ				
					83	1				
					84	City		■ 85 Zip	Code	
						i '		- FL 33	3761 I	
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 register 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 register										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable (NOTE: R						ent signature	required when reinstating)	DATE	DO IN 10	
12.	PD	OFFICER	S AND DIRECTORS	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition	
	1	CHIA, ALICE QUE	:922	L. OCCCIC	1.2 NAME			C change		
NAME		ENILWICK DRIVE,				T ADDRESS			:	
STREET ADDRESS		WATER, FL 00000								
CITY-ST-ZIP TITLE	D	THIEF, I C 00000	,	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		Change	☐ Addition	
NAME	1 7	CHIA, MARIANO .	ı	Lad Decert	2.2 NAME					
STREET ADDRESS		ENILWICK DRIVE				T ADDRESS				
		WATER FL	000			ST-ZIP				
CITY-ST-ZIP TITLE	D			DELETE 3.1 TI				Change	Addition	
NAME	LAMAC	CHIA, RONALD S			3.2 NAME					
STREET ADDRESS		ENILWICK DROVE		P1 1		t address				
CITY-ST-ZIP		WATER, FL 00000			3.4. CITY-					
TITLE	 			DELETE	4.1 TITLE	J. 4"		☐ Change	Addition	
NAME					4. 2 NAME	.				
STREET ADDRESS						T ADORESS				
CITY-ST-ZIP					4.4 City-					
TITLE		·····		DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREE	T ADDRESS			1	
CITY-ST-ZIP					5.4 CITY -	ST-ZIP				
TITLE	 			☐ DELETE	6 1 TITLE			☐ Change	Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE	T ADDRESS				
CITY-ST-ZIP					64 CITY-	ST-ZIP				

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 suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.