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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(9)

AMEDIDANIK DANCOLIADEC, INC

AMEDIDANN DANCOHANES	5, INC.		
Principa' Place of Business	Maling Address		
6600 TAFT STREET	6600 TAFT STREET		



				3. Date Incorporated or Qualifie 02/24/1983	d 3a. Date of Last Report 03/21/1995
2. Principal Pa	ace of Business	2a. Mailing Address		4. FEI Number	
1		26	⊢-¬ ~		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2261011	\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
<u> </u>	25		30		′es ∐No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent
			81 Name	David L. Cory	
	WILLIAM		B2 Street A	ddress (P.O. Box Number is Not Accept	table)
	TAFT ST			6600 Taft Street	(3.5.5)
HOLLY	/WOOD FL 33024		83		
			84 City		las I a
			' '	Hollywood	FL 85 Zip Code 33024
1. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	goration pulposite this statement for the	
or register familiar wit	eo agent, or both, in the State of Hono the and accept the obligations of, Secti	ta. Such chango was authorized ion 607-0505. Florida Statutes	by the corporation's b	polarion still his statement for the poored of directors. Thereby accept the ap	ppointment as registered agent. I am
GNATURE			David L. Co		4-5-96
	Signature typed or printed name of registered a emit	and title if applicable (NOTE	Registered April signature req	uned when reastables	DATE
2.	OFFICERS AND	DIRECTOR'S	13.		FEIGERS AND DIRECTORS IN 12
	DS	D DIRECTORS DELETE	13. 1 1 TITLE		
LF					
LE Mi	DS		1 1 TITLE		
LE ME REET ADDRESS	D\$ Allender, William B		1 1 TITLE 12 NAME 13 STREET ADDRESS		
TLE AME PREET ADDRESS TY-ST-ZIP	DS Allender, William B 4340 SW 74TH WAY		1 1 TITLE 12 NAME		☐ Change ☐ Addition
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I do nereby 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 logal 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 954-966-9810
Darie Daylore From: