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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G79404 **DOCUMENT #** 

(1)

1. Corporation Name

STELLA'S DANCERS' STUDIO, INC.

|--|--|

Principal Place	of Business	Mailing Address	Mailing Address						
9470 GRIFFIN ROAD COOPER CITY FL 33328		9470 GRIFFIN ROAD COOPER CITY FL 33328							
					3. Date Incorporated or Qualified 01/18/1984 3a. Date of Last Report 04/26/1995				
2. Principal Pla	ce of Business	2a. Mailing Address		4144 m. P. Water 7 W	4. FEI Number			Applied For	
21		26	26		59-2365242			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	<del></del>		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country 24 25		Zip <b>29</b>	<u> </u>		This corporation has liability for intangitule tax under s 199.032,     Florida Statutes				
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered .	Agent		
			81	Name					
	IO, STELLA W. 35TH COURT		82 Street Add		ress (P.O. Box Number is Not Acceptab	ile)			
CORAL	SPRINGS FL 33065		83						
			84	City		FL	<b>85</b> Zi	p Code	
familiar wit SIGNATURE	h, and accept the obligations of, Sec Signature, typed or printed name of registered age	ction 607.0505, Florida Statutes	S.  OTE: Registered Age		ard of directors. I hereby accept the appoint	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF				
TITLE	PD	☐ DELETE	1. 1 TITLE				Change	□ Addition	
NAME	PALUMBO, STELLA		12 NAME						
STREET ADDRESS	9470 GRIFFIN ROAD		13 STREET ADDRESS						
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-				Change	☐ Addition	
TITLE	ST CATALANO, TERESA	☐ DELETE	2 1 TITLE 2 2 NAME			ι			
NAME	9470 GRIFFIN RD			T ADDRESS					
STREET ADDRESS	COOPER CITY FL		2.3 STREE						
CITY-ST-ZIP TITLE		DELETE	3 1 TITLE			[	Change	☐ Addition	
NAME		_	3.2 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4 CITY -	ST-ZIP					
TITLE		☐ DELETE	4. 1 TITLE			[	Change	☐ Addition	
NAME			4.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY - 5. 1 TITLE				Change	☐ Addition	
TITLE	E	T perete	5. 1 HILE 5.2 NAME			·	5.10.196		
NAME CIRCLI ADDRESS	· ` ` `		1	ET ADDRESS					
STREET ADDRESS			5.4 CITY	ı					
CITY-ST-ZIP TITLE	<del>                                     </del>	DELETE	6. 1 TITLE				Change	Addition	
NAME		-	6.2 NAM8			•			
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	ļ					
14 I do hereb	v certify that the information supplier	d with this filing is voluntarily fur			for the exemption stated in Section 119	.07(3)(F), Fk	orida Statu	ites. I further	

ruo nereuly ceruity tractine information supplied with this tiling is voluntarily turnished 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 eath; 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.