FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 AM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L81852** **(0)**

1. Corporation Name

MALONEY BALLROOM DANCE SHOES, INC.

Principal Place of Business	Mailing Address
2925 S. FEDERAL HIGHWAY DELRAY BEACH FL 33483	2925 S. FEDERAL HIGHWAY DELRAY BEACH FL 33483

NOTE ADDRESS CHANGE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 398 N.E. 6TH AVE
22: Suite, Apt. #, etc.
23: City & State: DELRAY BCH. FLA
24: Zip: 33483
25: Country: Palm Bch

2a. Mailing Address
26: 398 N.E. 6TH AVE
27: Suite, Apt. #, etc.
28: City & State: DELRAY BCH, FLA.
29: Zip: 33483
30: Country: Palm Bch

4. FEI Number: 65-0215957 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KUNMANN, EDMOND J.
855 S. FEDERAL HIGHWAY
SUITE 211
BOCA RATON FL 33432

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 _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MALONEY, CATIA	12 NAME	
STREET ADDRESS	2925 S FEDERAL HWY	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MALONEY, DANIEL	22 NAME	
STREET ADDRESS	2925 S FEDERAL HWY	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(i), 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 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] Pres. 2/21/95 407 872-4663
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone Number

0874943 CP