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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L89639

(3)

DANCE 10 INC.

Principal Place of Business

Mailing Address

## FILED Feb 04 1997 8:00am Secretary of State



6331 ROCKING JUPITER FL 33		6331 ROCKINGHORSE RU JUPITER FL 33458-3309					
					3. Date Incorporated or Qualified 07/30/1990	3a, Date of Le 05/01/199	
2. Principal Place of Business 2a. Mailing Addr			38		4. FEI Number		Applied For
	W. Indiantroup RD	26		····	65-0279536		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	75 Additional se Required
Cily & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33458	Country Zip Country			У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
<u></u>	9. Name and Address of Curren		-1901		10. Name and Address of New Re		
PRE	STO, CARL L.		81	Name			
6331 ROCKINGHORSE RD JUPITER FL 33458				82 Street Address (P.O. Box Number is Not Acceptable)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83		· · · · · · · · · · · · · · · · · · ·		
ı			84	City		FL  85	Zip Code
15 Purcuant	to the provisions of Sactions 607 050	2 and 607 1508. Etorida Stati	ites the above	e-pamed co	reporation submits this statement for the n		ing its registered
agent fa SIGNATURE	Signature: Typed or printed name of registered age	on and tille if applicable (NO			rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D DECTO CARL	[ DEFEA	1.1 TITLE	ļ		Cha	ange
NAME	PRESTO, CARL L. 6331 ROCKINGHORSE RD		1,2 NAME				
STREET ADDRESS	JUPITER FL			T ADDRESS			
CITY+ST-ZIP TITLE	D	DELETE	1.4 CITY 2.1 TITLE	51-ZIP		☐ Cha	ange Addition
NAME	PRESTO, DENISE		22 NAME	]			
STREET ADDRESS	6331 ROCKINGHORSE RD		23 STREE	Y ADDRESS			
CITY-ST-7iP	JUPITER FL		2 4 CITY-	ST-ZiP			
TITLE		DELETE	3.1 TITLE			Cha	ange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		☐ Cha	ange Addition
NAME		C Secret	4. 2 NAME	. }		018	wales First Ministral
STREET ADDRESS				T ADDRESS			
CITY-S1-ZIP			4.4 CITY-				
THTLE		DELETE	5.1 TITLE			☐ Cha	ange Addition
NAME			5.2 NAME				4
STREET ADDRESS			5.3 STREE	T ADDRESS		er er de ge	
CITY-ST-ZIP		T ones	5.4 City -				
TIPLE		DELETE	6.1 TITLE			L] Cha	ange
NAME			6.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZiP	l <u></u>		64 CITY-	51-ZIP			

. I do 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 whom or supplied ental 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 corporaty in or the occiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted on or spiral tracking in with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

54 575 4422