

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

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**95 APR 27 PM 3: 09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L90642 (4)**

1. Corporation Name  
**SWINGIN' SINGLES SQUARE DANCE CLUB, INC.**

Principal Place of Business Mailing Address

~~1145 NE 183 ST.  
MIAMI FL 33178  
US~~ ~~1145 NE 183 ST.  
MIAMI FL 33178  
US~~

2. Principal Place of Business 2a. Mailing Address

21 **1087 N.W. 88 WAY** 26 **1087 N.W. 88 WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **PLANTATION FL** 28 **PLANTATION FL**

Zip Country Zip Country

24 **33322** 25 **USA** 29 **33322** 30 **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0201178** 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

~~TIETZ BURTON W.,  
1145 NE 183 ST.  
MIAMI FL 33178~~

10. Name and Address of New Registered Agent

81 Name **ROBERT H. JONES**

82 Street Address (P.O. Box Number is Not Acceptable) **1087 N.W. 88 WAY**

83

84 City **PLANTATION FL** 85 Zip Code **33322**

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 Robert H. Jones, President DATE 4/24/95

Signature typed or printed name of registered agent and title of appointment (NOTE: Registered agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<del>TIETZ BURTON</del>
STREET ADDRESS	<del>1145 NE 183 ST.</del>
CITY - ST - ZIP	<del>MIAMI FL 33178</del>
TITLE	<b>T</b>
NAME	<b>BALENT, ELEANOR,</b>
STREET ADDRESS	<b>600 NW 214 ST. #101</b>
CITY - ST - ZIP	<b>MIAMI FL 33109</b>
TITLE	<b>S</b>
NAME	<b>SPRING, DORI</b>
STREET ADDRESS	<b>3731 N COUNTRY CLUB DR 721</b>
CITY - ST - ZIP	<b>N MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Robert H Jones</b>	
13 STREET ADDRESS	<b>1087 N.W. 88 WAY</b>	
14 CITY - ST - ZIP	<b>PLANTATION FL 33322</b>	
21 TITLE	<b>T BALENT Eleanor</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>3027 CASA RIO CT</b>	
23 STREET ADDRESS	<b>PALM BEACH GARDENS FL 33418</b>	
24 CITY - ST - ZIP		
31 TITLE	<b>S Spring, Dori</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>3731 N Country Club Dr 721</b>	
33 STREET ADDRESS	<b>AVENTURA, FL 33180</b>	
34 CITY - ST - ZIP		
41 TITLE	<b>VICE PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>EMANUEL STRASSBERG</b>	
43 STREET ADDRESS	<b>7891 Sunrise Ln. Dr. N.</b>	
44 CITY - ST - ZIP	<b>SUNRISE FL 33324</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the original 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert H. Jones DATE: 4/24/95 305-452-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR