

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L90642 (4)**  
1. Corporation Name  
**SWINGIN' SINGLES SQUARE DANCE CLUB, INC.**



Principal Place of Business: **1087 NW 88 WAY PLANTATION FL 33322 US**  
Mailing Address: **1087 NW 88 WAY PLANTATION FL 33322 US**

3. Date Incorporated or Qualified: **07/20/1990**  
3a. Date of Last Report: **04/27/1995**  
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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**JONES, ROBERT H  
1087 NW 88 WAY  
PLANTATION FL 33322**

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: **ROBERT H. JONES** *Robert H. Jones* **4-3-96**  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature represents the corporation.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, ROBERT H</b>	
STREET ADDRESS	<b>1087 NW 88 WAY</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BALENT, ELEANOR,</b>	
STREET ADDRESS	<b>3027 CASA RIO CT</b>	
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SPRING, DORI</b>	
STREET ADDRESS	<b>3731 N COUNTRY CLUB DR 721</b>	
CITY - ST - ZIP	<b>AVENTURA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>STRASSBERG, EMANUEL</b>	
STREET ADDRESS	<b>7891 SUNRISE LAKE DR. N.</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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: **Robert H. Jones** *Robert H. Jones* **4-3-96** **954-846 0606**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year

CR2E034 (12/95)