

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33322-5028  
US



2. Principal Place of Business

21 6871 SW 6<sup>TH</sup> ST.

Suite, Apt. #, etc.

22

City & State

23 PEMBROKE PINES, FL

Zip Country

24 33023 USA

2a. Mailing Address

26 6871 SW 6<sup>TH</sup> ST.

Suite, Apt. #, etc.

27

City & State

28 PEMBROKE PINES, FL

Zip Country

29 33023 USA

3. Date Incorporated or Qualified  
07/20/1990

3a. Date of Last Report  
04/11/1996

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

JONES, ROBERT H  
1087 NW 88 WAY  
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name GIBEL, SARAH  
82 Street Address (P.O. Box Number is Not Acceptable)  
6871 SW 6<sup>TH</sup> ST.  
83  
84 City PEMBROKE PINES FL 85 Zip Code 33023

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 *Sarah W. Gibel*

(NOTE: Registered Agent signature required when reinstating)

4/14/97

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PRES. GIBEL, SARAH	6871 SW 6 <sup>TH</sup> ST.	PEMBROKE PINES FL 33023-1172	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Treas moon, Frances	2839 NE 60 <sup>TH</sup> ST	FT Lauderdale FL 33308	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:

*Sarah W. Gibel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Date

954-989-0641

Daytime Phone #

CR2E034 (9/96)