

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 # **M43402**

1. Corporation Name
THOMAS DANCE STUDIO, INC.

Principal Place of Business: **924 N. Dixie Hwy. Lake Worth, FL 33460**
Mailing Address: **6198 Pine Drive Lantana, FL 33462**

3. Date Incorporated or Qualified: **12-17-86**
3a. Date of Last Report: **April 1995**

2. Principal Place of Business: **924 N. Dixie Hwy. Lake Worth, FL 33460**
2a. Mailing Address: **6198 Pine Drive Lantana, FL 33462**
22. City & State: **Lake Worth, FL**
27. City & State: **Lantana, FL**
23. Zip: **33460**
25. Country: **Palm Bch.**
29. Zip: **33462**
30. Country: **Palm Bch.**

4. FEI Number: **59-2741209**
Applied For: 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
***see attached letter Teri J. Szember 6198 Pine Drive Lantana, FL 33462**

10. Name and Address of New Registered Agent
81. Name: **Teri J. Szember**
82. Street Address (P.O. Box Number is Not Acceptable): **6198 Pine Drive**
83. City & State: **Lantana, FL**
84. Zip Code: **33462**

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: **Teri J. Szember, Registered Agent** *Teri J. Szember* DATE: **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE: P NAME: President STREET ADDRESS: Teri J. Szember CITY-ST-ZIP: 6198 Pine Dr. Lantana, FL 33462	<input type="checkbox"/> DELETE
TITLE: VP NAME: Vice President STREET ADDRESS: Tami T. Valentine CITY-ST-ZIP: 4397 Caryota Dr. Boynton Beach, FL 33436	<input type="checkbox"/> DELETE
TITLE: S NAME: Secretary STREET ADDRESS: Brent Szember CITY-ST-ZIP: 6198 Pine Dr. Lantana, FL 33462	<input type="checkbox"/> DELETE
TITLE: T NAME: Treasurer STREET ADDRESS: Richard Valentine CITY-ST-ZIP: 4397 Caryota Drive Boynton Beach, FL 33436	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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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: **Tami T. Valentine** DATE: **4-26-96** *407-582-3100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *5/5/96*

CR2E034 (12/95)