FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -6 PM 12:23

DOCUMENT # **N10200** (6)

1. Corporation Name
MARY STREET DANCE THEATRE, INC.

Principal Place of Business	Mailing Address
% KYLE R SAXON 1700 ALFRED I DUPONT BLDG MIAMI FL 33131	% KYLE R SAXON 1700 ALFRED I DUPONT BLDG MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1985
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2637074 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

SAXON, KYLE R
1700 ALFRED I DUPONT BLDG
MIAMI FL 33131

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ANDREE, DALE	1.2 NAME		
STREET ADDRESS	6820 SW 65 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~ATWOOD, DONALD~~	2.2 NAME	ANN R. PROSPERO	
STREET ADDRESS	~~575 CRANDON BLVD.~~	2.3 STREET ADDRESS	815 PIZARRO ST	
CITY-ST-ZIP	~~KEY BISCAYNE FL~~	2.4 CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	~~D~~	3.1 TITLE	D	☐ Change ☒ Addition
NAME	~~ADAMS, MARIANA~~	3.2 NAME	DAVID KAOKO	
STREET ADDRESS	~~7504 S.W. 56TH AVE.~~	3.3 STREET ADDRESS	2385 N. BAY ROAD	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	~~SD~~	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~KING, MARY LOU~~	4.2 NAME	MILDRED LEVENSON	
STREET ADDRESS	~~2338 LINCOLN AVE.~~	4.3 STREET ADDRESS	7441 WAYNE AVE #31	
CITY-ST-ZIP	~~COCONUT GROVE FL~~	4.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, ROBERT	5.2 NAME		
STREET ADDRESS	33 SW 18TH TERR	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	SAXON, KYLE R	6.2 NAME		
STREET ADDRESS	1700 A. I. DUPONT BLDG.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KYLE R. SAXON PRES 1/30/95 305-371-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041314