FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N12148   (5)

1. Corporation Name

DANCE, ET CETERA, INC.

Principal Place of Business	Mailing Address
C/O ANITA MILLER 2365 SW FERN CIRCLE PORT ST. LUCIE FL 34953-2951	C/O ANITA MILLER 2365 SW FERN CIRCLE PORT ST. LUCIE FL 34953-2951

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1985	03/24/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-2825054	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, ANITA 2365 SW FERN CIRCLE PORT ST. LUCIE FL 33452	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE _____

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE	PD	☐DELETE	1.1 TITLE		☐Change	☐Addition
NAME	MILLER, ANITA		1.2 NAME			
STREET ADDRESS	2365 SW FERN CIRCLE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐DELETE	2.1 TITLE		☐Change	☐Addition
NAME	MILLER, ROBERT		2.2 NAME			
STREET ADDRESS	2365 SW FERN CIRCLE		2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP			
TITLE	STD	☐DELETE	3.1 TITLE		☐Change	☐Addition
NAME	WALKER-KOKLYS, JUNE		3.2 NAME			
STREET ADDRESS	617 RUSS RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34982		3.4 CITY-ST-ZIP			
TITLE		☐DELETE	4.1 TITLE		☐Change	☐Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐DELETE	5.1 TITLE		☐Change	☐Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐DELETE	6.1 TITLE		☐Change	☐Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _Anita Miller_   11/28/96   407-878-4930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (12/95)