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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N16398 (2)  
1. Corporation Name  
WILLYS GAINES DANCE THEATRE SCHOOL, INC.



Principal Place of Business Mailing Address  
% WILLYS GAINES 14640 MONROE STREET RICHMOND HEIGHTS FL 33176  
% WILLYS GAINES 14640 MONROE STREET RICHMOND HEIGHTS FL 33176-7440

3. Date Incorporated or Qualified 08/18/1986  
3a. Date of Last Report 07/03/1996

2. Principal Place of Business 21 Same  
2a. Mailing Address 26 Same

4. FEI Number 65-0627226  
Applied For Not Applicable

22 Suite, Apt. #, etc.  
27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State MIAMI, FL  
28 City & State MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33176 Country DADC  
29 Zip 33176 Country DADC

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
GAINES, WILLYS  
14640 MONROE ST.  
MIAMI FL 33176

10. Name and Address of New Registered Agent  
81 Name Willys Ann Gaines  
82 Street Address (P.O. Box Number is Not Acceptable) 14640 MONROE STREET  
83 City MIAMI  
84 City MIAMI  
85 Zip Code FL 33176

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	EDWARD COHEN TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINES, WILLYS A	1.2 NAME	EDUCATOR
STREET ADDRESS	14640 MONROE ST.	1.3 STREET ADDRESS	14640 MONROE ST. MIAMI, FL 33176
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Desiree Bell TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANBERRY, DORIS J	2.2 NAME	MIAMI, FL
STREET ADDRESS	16505 SW 103 COURT	2.3 STREET ADDRESS	17452 S.W. 104 AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	33157
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DARLENE Y. BELL-ALEXANDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODEN, JAMES L	3.2 NAME	Attorney-At-LAW - 17452 S.W. 104 AVE
STREET ADDRESS	1929 SW 104TH AVENUE	3.3 STREET ADDRESS	MIAMI, FL C
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	33157
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	GRACE, GEORGE	4.2 NAME	
STREET ADDRESS	1929 SW 104TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	THOMAS, TONI J	5.2 NAME	
STREET ADDRESS	1503 SW 2ND AVENUE #7	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TR (TR) <input type="checkbox"/> DELETE	6.1 TITLE	Quarles, Eugene A. TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARLES, EUGENE A	6.2 NAME	
STREET ADDRESS	201 COMMONWEALTH	6.3 STREET ADDRESS	201 COMMONWEALTH
CITY-ST-ZIP	MARTINVILLE VA	6.4 CITY-ST-ZIP	MARTINVILLE, VA

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willys Ann Gaines PDT D Willys Ann Gaines 2/27/97 305-288-9662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033017

CR2E037 (9/96)