


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17197 1. Corporation Name FORT LAUDERDALE BALLET CLASSIQUE, INC.	(7)
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Principal Place of Business % MAGDA AUNON 508 NORTHEAST 43RD STREET OAKLAND PARK FL 33334	Mailing Address % MAGDA AUNON 508 NORTHEAST 43RD STREET OAKLAND PARK FL 33334
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3. Date Incorporated or Qualified	10/09/1986
4. FEI Number	59-2784027
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent AUNON, MAGDA 508 NORTHEAST 43RD STREET OAKLAND PARK FL 33334
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	AUNON, MAGDA
STREET ADDRESS	508 N.E. 43RD STREET
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GROSCH, MARY
STREET ADDRESS	508 N.E. 43RD STREET
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ZEGLIN, CAROL A.
STREET ADDRESS	508 N.E. 43RD ST.
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ZEGLIN, CAROL A.
STREET ADDRESS	508 NE 43RD ST.
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARY GROSCH
2.3 STREET ADDRESS	508 NE 43 ST.
2.4 CITY-ST-ZIP	OAKLAND PARK FL 33334
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ZEGLIN, CAROL A
3.3 STREET ADDRESS	508 NE 43RD ST.
3.4 CITY-ST-ZIP	OAKLAND PARK FL 33334
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BURKE, VALERIE
4.3 STREET ADDRESS	508 NE 43 ST,
4.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEAGY, DONNA
5.3 STREET ADDRESS	508 NE 43 ST
5.4 CITY-ST-ZIP	OAKLAND PARK FL 33334
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *M. Aunon*

CP2E037 (10/97)