


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90014 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17197**

1. Corporation Name

**FORT LAUDERDALE BALLET CLASSIQUE, INC.**

Principal Place of Business

% MAGDA AUNON  
508 NORTHEAST 43TD STREET  
OAKLAND PARK FL 33334

Mailing Address

% MAGDA AUNON  
508 NORTHEAST 43TD STREET  
OAKLAND PARK FL 33334



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2784027	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

AUNON, MAGDA  
508 NORTHEAST 43TD STREET  
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUNON, MAGDA	1.2 NAME	
STREET ADDRESS	508 N.E. 43RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSCH, MARY	2.2 NAME	
STREET ADDRESS	508 N.E. 43RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEGLEN, CAROL A.	3.2 NAME	
STREET ADDRESS	508 N.E. 43RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEGLEN, CAROL A.	4.2 NAME	30 Burks, Valerie
STREET ADDRESS	508 NE 43RD ST.	4.3 STREET ADDRESS	508 NE 43 ST
CITY-ST-ZIP	OAKLAND PARK FL	4.4 CITY-ST-ZIP	Oakland. PK FL 33334
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAGY, DONNA	5.2 NAME	
STREET ADDRESS	508 NE 43RD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Mary Grosch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 954-72-4226  
Date Daytime Phone #

CR2E037 (11/98)