


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N23850** (3)

1. Corporation Name

**DANCE THEATRE OF FLORIDA, INC.**



Principal Place of Business <b>111-2ND AVE NE ST. PETERSBURG FL 33731 US</b>	Mailing Address <b>P O BOX 1424 ST. PETERSBURG FL 33731-1424 US</b>
---	--

3. Date Incorporated or Qualified <b>12/14/1987</b>	3a. Date of Last Report <b>07/26/1996</b>
--	--

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

4. FEI Number <b>59-2889445</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HELM, ADRIEN 2900 68TH AVE SO ST PETERSBURG FL 33701</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name <b>M. A. Musselman</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>111 SECOND AVE. NE</b>	
83 City <b>St. Petersburg</b>	
84 State <b>FL</b>	85 Zip Code <b>33701</b>

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 *Nick Musselman* (NOTE: Registered Agent signature required when reinstating) DATE *6/30/97*

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NEWTON, DEREK</b>
STREET ADDRESS	<b>8150 FIFTH AVENUE N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>MUSSELMAN, M A</b>
STREET ADDRESS	<b>111 2ND AVE NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KEBLER, WILLIAM</b>
STREET ADDRESS	<b>501 1ST AVENUE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERSON, CHARLOTTE</b>
STREET ADDRESS	<b>255 BEACH DRIVE NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CRWON, CAL</b>
STREET ADDRESS	<b>111 2ND AVENUE NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>Chairman</b> <input type="checkbox"/> DELETE
NAME	<b>DOUG M. CRWON</b>
STREET ADDRESS	<b>9226 DEMERUS DR. S.</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33712</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robert GALT</b>
1.3 STREET ADDRESS	<b>111 SECOND AVE. NE</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Nick Musselman* CEO DATE *6/30/97* **813 894-5168**

CR2E037 (9/96)