FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 JAN 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31993** **(1)**

1. Corporation Name
KLEIN DANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6187 LAKE WORTH FL 33466-6187	P.O. BOX 6187 LAKE WORTH FL 33466-6187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0114024 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3208 2nd Ave North	26
Suite, Apt. #, etc. 22 Suites 9+10	Suite, Apt. #, etc. 27
City & State 23 Lake Worth FL	City & State 28
Zip 24 33461 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

KLEIN, DEMETRIUS A
3208 SECOND AVE., NORTH
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Demetrius A Klein Artistic director Demetrius A Klein 1/12/95
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	D	1.1 TITLE	☐ Change ☑ Addition
NAME	KLEIN, DEMETRIUS A.	1.2 NAME	
STREET ADDRESS	833 VALLEY FORGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	33405
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON-KLEIN, KATHLEEN	2.2 NAME	
STREET ADDRESS	833 VALLEY FORGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	33405
TITLE	D	3.1 TITLE	Marc Levinson CPA ☑ Change ☐ Addition
NAME	ANDERSON, DRU	3.2 NAME	6699 N Federal Hwy. Ste #100A
STREET ADDRESS	6601 NW 26 WAY	3.3 STREET ADDRESS	Boca Raton, FL 33487
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Joanne Warshaver ☑ Change ☐ Addition
NAME	COONEY, DOUG	4.2 NAME	1 Breakers Row
STREET ADDRESS	307 CHILEAN AVE	4.3 STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☑ Addition
NAME	GILLIGAN, TIM	5.2 NAME	
STREET ADDRESS	222 W 23 ST APT 305	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NJ	5.4 CITY-ST-ZIP	10011
TITLE	VD	6.1 TITLE	☐ Change ☑ Addition
NAME	KELLER, STEVEN	6.2 NAME	
STREET ADDRESS	9815 NW 40 PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	Sec'y 1-26-95 33076

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)(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: Demetrius A Klein 1/12/95 407 964 9779
MANDATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0061080