

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N31993**

(1)

1. Corporation Name

**KLEIN DANCE, INC.**



Principal Place of Business

**3208 2ND. AVE. NORTH  
SUITES 9+10  
LAKE WORTH FL 33461  
US**

Mailing Address

**P.O. BOX 6187  
LAKE WORTH FL 33466-6187  
US**

3. Date Incorporated or Qualified  
**04/28/1989**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

**21 811 Lake Avenue**

**26 811 Lake Avenue**

4. FEI Number  
**65-0114024**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

**23 Lake Worth, Florida**

**28 Lake Worth, Florida**

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

Zip  
**24 33460**

Country  
**25 USA**

Zip  
**29 33460**

Country  
**30 USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D KLEIN, DEMETRIUS A.  
833 VALLEY FORGE RD  
W PALM BCH FL 33405** ☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
**D Becky Young  
1625 16th Lane  
Greenacres, FL 33463** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D JOHNSON-KLEIN, KATHLEEN  
833 VALLEY FORGE RD  
W PALM BCH FL 33405** ☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
**D Michael Carey  
218 Westminster Road  
West Palm Beach, Florida 33405** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D LEVINSON, MARC CPA  
6699 N. FEDERAL HWY. SUITE #100A  
BOCA RATON FL 33487** ☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
**D Marc Levinson, CPA  
980 N. Federal Hwy., Ste. #206  
Boca Raton, Florida 33432** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D WARSHAVER, JOANNE  
1 BREAKERS ROW  
PALM BEACH FL 33480** ☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
**C Joanne Warshaver  
1 North Breakers Row  
Palm Beach, Florida 33480** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D GILLIGAN, TIM  
222 W 23 ST APT 305  
NEW YORK NJ 10011** ☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
**D Tom Barthle  
1159 Fernlea Drive  
West Palm Beach, Florida 33417** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD KELLER, STEVEN  
9815 NW 49 PL  
CORAL SPRINGS FL 33076** ☒ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
**D Lisa Carey  
218 Westminster Road  
West Palm Beach, Florida 33405** ☐ Change ☒ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Demetrius A Klein* 4/2/96 407.586.1889  
Date: Daytime Phone #

CR2E037 (12/95)