

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

1-24-97

B-

0723

C

DOCUMENT # N31993

(1)

1. Corporation Name

KLEIN DANCE, INC.

Principal Place of Business

Mailing Address

811 LAKE AVENUE  
SUITES 9+10  
LAKE WORTH FL 33460  
US811 LAKE AVENUE  
LAKE WORTH FL 33460-3706  
US3. Date Incorporated or Qualified  
04/28/19893a. Date of Last Report  
04/08/19964. FEI Number  
65-0114024Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DD Suite #5

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

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 D ☐ DELETE  
NAME KLEIN, DEMETRIUS A.  
STREET ADDRESS 833 VALLEY FORGE RD  
CITY-ST-ZIP W PALM BCH FL 334051.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Michael Carey  
1.3 STREET ADDRESS 218 Westminster Road  
1.4 CITY-ST-ZIP West Palm Beach, FL 33405TITLE D ☐ DELETE  
NAME JOHNSON-KLEIN, KATHLEEN  
STREET ADDRESS 833 VALLEY FORGE RD  
CITY-ST-ZIP W PALM BCH FL 334052.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Susan Farver  
2.3 STREET ADDRESS 1080 West Tropical Way  
2.4 CITY-ST-ZIP Plantation, FL 33317TITLE D ☐ DELETE  
NAME MARC LEVINSON, CPA  
STREET ADDRESS 980 N FEDERAL HIGHWAY, SUITE #206  
CITY-ST-ZIP BOCA RATON FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Ken Morton  
3.3 STREET ADDRESS 3151 North Military Trail  
3.4 CITY-ST-ZIP West Palm Beach, FL 33409TITLE C ☐ DELETE  
NAME JOANNE WARSHAVER  
STREET ADDRESS 1 NORTH BREAKERS ROW  
CITY-ST-ZIP PALM BEACH FL4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Becky Young  
4.3 STREET ADDRESS 1625 16th Lane  
4.4 CITY-ST-ZIP Greenacres, FL 33463TITLE D ☒ DELETE  
NAME GILLIGAN, TIM  
STREET ADDRESS 222 W 23 ST APT 305  
CITY-ST-ZIP NEW YORK NJ 100115.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Michael Farver  
5.3 STREET ADDRESS 1080 West Tropical Way  
5.4 CITY-ST-ZIP Plantation, FL 33317TITLE D ☐ DELETE  
NAME LISA CAREY  
STREET ADDRESS 218 WESTMINSTER ROAD  
CITY-ST-ZIP WEST PALM BEACH FL6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Barry Pinciss  
6.3 STREET ADDRESS 1 North Breakers Row  
6.4 CITY-ST-ZIP Palm Beach, FL 33480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

5815861887

Daytime Phone # 0039063

CR2E037 (9/96)