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FILED
Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31993** (1)

1. Corporation Name

KLEIN DANCE, INC.

Principal Place of Business

Mailing Address

**811 LAKE AVENUE
LAKE WORTH FL 33460
US**

**811 LAKE AVENUE
LAKE WORTH FL 33460
US**

3. Date Incorporated or Qualified

04/28/1989

4. FEI Number

65-0114024

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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)
811 Lake Avenue

83

84 City

Lake Worth

FL

85 Zip Code
33460

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

1/17/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, DEMETRIUS A.	
STREET ADDRESS	833 VALLEY FORGE RD	
CITY-ST-ZIP	W PALM BCH FL 33405	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Becky Young	
1.3 STREET ADDRESS	1625 16th Lane	
1.4 CITY-ST-ZIP	Greenacres, FL 33463	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON-KLEIN, KATHLEEN	
STREET ADDRESS	833 VALLEY FORGE RD	
CITY-ST-ZIP	W PALM BCH FL 33405	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Carey	
2.3 STREET ADDRESS	218 Westminster Road	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33405	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARC LEVINSON, CPA	
STREET ADDRESS	980 N FEDERAL HIGHWAY, SUITE #206	
CITY-ST-ZIP	BOCA RATON FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nicole Rattinger	
3.3 STREET ADDRESS	256 Via Marila	
3.4 CITY-ST-ZIP	Palm Beach, FL 33480	

TITLE	C	<input type="checkbox"/> DELETE
NAME	JOANNE WARSHAVER	
STREET ADDRESS	1 NORTH BREAKERS ROW	
CITY-ST-ZIP	PALM BEACH FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ken Morton	
4.3 STREET ADDRESS	3151 North Military Trail	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33409	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARVER, MICHAEL	
STREET ADDRESS	1080 W TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	LISA CAREY	
STREET ADDRESS	218 WESTMINSTER ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	

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 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:

NOT REQUIRED

1/17/98

CR2E037 (10/97)