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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

1997

N33645

(5)

TOUCH OF COUNTRY DANCE CLUB, INC. Principal Place of Bunness **AM IL KOLASKA 869 SULVERALL DR **LAN IL KOLASKA 869 SULVERALL DR **LAN IL KOLASKA 105	1. Corporation	Name # 1455045	(5)		ł					
Principal Place of Business Mail III KOLASKA 888 SILVESMUL DR TAMPA F1 3835 US S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Data incorporated of Qualified Sa. Data of Late Report OC/07/1898 S. Conflictance of Status Delaine Sa. Tak Andrea Sa. T	TOUCH	OF COUNTRY DANCE CLU	B. INC.							
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Processis Place of Business 21 143.33 D/PLOMAT DR. 28 Mailing Address 4. FEI Number 1. Dr. 1. D					3. Date	3. Date incorporated or Qualified 3a Date of Last Report				
21 143.33 DIPLOMAT DR. 25 Suite, Apr. 14, etc. 25 Suite, Apr. 14, etc. 27 Suite, Apr. 14, etc. 2					0	8/07/1989		02/07/199)6	
Solite, April #, etc. Solite				م	4. FEI N	OT APPLICABLE				
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S. Name and Address of Ever Negletered Agent 10. Name and Address of the Registered Agent 10. Name and Address of	ਕ 336 /.	3 25 HILLS BORD					for intangible	tax under s	. 199.032,	
KOLASKA, JAN M, 6929 SILVERMILL DR. TAMPA FL 33613* 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above a suphraped by the corporations board of directors. I hereby accept the appointment as engistered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as engistered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as engistered office or remain with, and accept the obligations of, Section 617,6503, Florida Statutes, the above a suphraped by the corporations board of directors. I hereby accept the appointment as engistered of the such as engistered of th	2-1			30)						
SEZE SILVERMILL DR. TAMPA FL 33613' SES				81 Name	RILLO	ALLEA	I P			
SEZE SILVERMILL DR. TAMPA FL 33613' SES	KOLASK	A. JAN M.		Stroot	Address (B.O. Br	ALLE/	ploble)			
TAMPA FL 33613 3				OZ Stieet	Address (F.O. DO	X MUNIDER IS NOT ACCE	piabiej		1	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submiter his statement for the purpose of changing its registered director or registered agent, or both, in the State of Florida. Such change was authorized by the corporation beard of directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of principles of principles directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of directors. I hereby accept the purpose of directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of principles directors. I hereby accept the purpose of principles and the purpose of principles and the purpose of principles. I hereby accept the purpose of principles and the purpose of principles. I hereby accept the				B3 141	333 V	DIAMAT	DΡ			
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SIGNATURE Signature Signa	11. Pursuant t	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statute	s, the above-named	corporation subm	hits this statement for t	he purpose of	changing it	s registered	
Signature, Spread or printed name of angivered again that Interplication (NOTE Registered Again signature angivered when interplication) DATE	agent. 1 a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flo	rida Statutes.					ie8isteien	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DP LOUGHMAN, RICHARD SINEEL ADDRESS 18118 US 41 NORTH LOT 68A LUTZ FL TITLE DV DELETE 1.1 TITLE LUTZ FL 1.4 CITY-ST-2P TITLE DV DELETE 2.1 TITLE LYSE CHAIRMAN AND TRESURPES Change Addition RAW BILLO, ALLEN STREEL ADDRESS 1.4 CITY-ST-2P TAMPA FL 2.2 MANE 2.3 SIREET ADDRESS 1.4 CITY-ST-2P TAMPA FL 2.4 CITY-ST-2P TAMPA FL DT TAMPA FL DT DT DELETE 3.1 TITLE DT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTAL CONTROL AND ALLEN STREET ADDRESS CITY-ST-2P TOTAL CONTROL ADDRESS TAMPA FL DT TAMPA FL TAMPA F	SIGNATURE .	ALLEN R. BILL	LO	Allen	r. Br	llo	4-2	<i>-9</i> 7		
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		by certify that the information supplied v	vith this filing does not qualify		L stated in Section 1	19.07(3)(i), Florida Sta	tutes, I furthe	r certify that	the	

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:

ALLS R. BULLE CUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97

(813)961-4039

FILED

Apr 22 1997 8:00am

Secretary of State

Daytime Phone # 0049000