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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N40897 **(3)**

1. Corporation Name

ILLUSION DANCE, INCORPORATED

Principal Place of Business	Mailing Address
9470 GRIFFIN ROAD COOPER CITY FL 33328	9470 GRIFFIN ROAD COOPER CITY FL 33328-3415

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 09/19/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0238102 ☐ 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

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

9. Name and Address of Current Registered Agent

PALUMBO, STELLA
9470 GRIFFIN ROAD
COOPER CITY FL 33328

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, BARBARA		1.2 NAME		
STREET ADDRESS	9470 GRIFFIN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	President, Director	☒ Change ☐ Addition
NAME	CALVAR, DENISE		2.2 NAME	CALVAR, DENISE	
STREET ADDRESS	5320 HAWKES BLUFF AVENUE		2.3 STREET ADDRESS	5320 Hawkes Bluff Ave	
CITY-ST-ZIP	DAVIE FL 33331		2.4 CITY-ST-ZIP	Davie, FL 33331	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EADE, CAROL		3.2 NAME		
STREET ADDRESS	9470 GRIFFIN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CATALANO, TERRY		4.2 NAME		
STREET ADDRESS	9470 GRIFFIN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VICE PRESIDENT, DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME	ANA GONZALEZ	
STREET ADDRESS			5.3 STREET ADDRESS	5017 WATERSEDGE WAY	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE		☐ DELETE	6.1 TITLE	JACKIE PUFF TREASURER	☐ Change ☒ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	15903 Stonetower St	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Davie, FL 33331	

CR2E037 (9/96)

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 _____ DATE 4/30/97