

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42606 (6)

1. Corporation Name

SARASOTA DANCE CLUB, INC.

Principal Place of Business

2635 Fruitville Rd.,
SARASOTA FL 34232
US

Mailing Address

224 KENSINGTON ST.
PORT CHARLOTTE FL 33954-3006
US3. Date Incorporated or Qualified
03/18/19913a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRADENTON FL 34209~~ JOAN SCARANI
~~2780 PINEBROOK CIRCLE #104~~ 62 MEADOWLARK CIRCLE
~~BRADENTON FL 34209~~ ELLENTON, FL 34222

81 Name

(Changed on 1996 Report)

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

2-8-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCAREN, DARRYL	
STREET ADDRESS	5765 WHISTLEWOOD CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BIERNAT, GEORGE	
STREET ADDRESS	797 BAVENO DR	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEST, DORIS	
STREET ADDRESS	3208 CAMBRIDGE AVENUE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCAS, GORDON	
STREET ADDRESS	650 WATER LILY DRIVE JAPANESE GARDENS	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, ELDEN	
STREET ADDRESS	11793 SW DALLAS DRIVE S	
CITY-ST-ZIP	LAE SUZY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARANI, LOU	
STREET ADDRESS	62 MEADOWLARK CIRCLE	
CITY-ST-ZIP	ELLENTON FL	

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same Darryl Mcaren	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Kelroy	
2.3 STREET ADDRESS	3180 Highland B Road	
2.4 CITY-ST-ZIP	Harbour Heights, FL 33983-3450	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same Doris West	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same Gordon Lucas	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same Elden Johns	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same Lou Scarani	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: X *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97 1-941-723-994

Date

Daytime Phone # 0066389

CR2E037 (9/96)