FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42772** **(6)**

1. Corporation Name
CENTRAL PARK DANCERS, INC.

Principal Place of Business	Mailing Address
11820 NW 29 MANOR SUNRISE FL 33323	11820 NW 29 MANOR SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1991	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0294505	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. 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 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

BARTOLETTI, JOAN C
11820 NW 29TH MANOR
SUNRISE FL 33323

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BARTOLETTI, JOAN C.	12 NAME		
STREET ADDRESS	11820 NW 29 MANOR	13 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	BARTOLETTI, JULIE	22 NAME		
STREET ADDRESS	11820 NW 29 MANOR	23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	GORIS, GAIL	32 NAME		
STREET ADDRESS	9937 NW 6TH CT	33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE	5	☑ Change ☐ Addition
NAME	ENGLERT, MELANIE	42 NAME	Susan Hernandez	
STREET ADDRESS	15738 SW 7TH PL	43 STREET ADDRESS	13240 NW 13 St	
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	Sunrise, Fl 33323	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	RITCHIE, BEVERLY	52 NAME	Addie Travers	
STREET ADDRESS	5241 SW 4 CT	53 STREET ADDRESS	9001 NW 26 Pl	
CITY ST ZIP	PLANTATION FL	54 CITY ST ZIP	Sunrise, Fl 33322	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Gail Goris 4/25/95 305-581-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047061