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FILED

Apr 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42772 (6)

1. Corporation Name

CENTRAL PARK DANCERS, INC.

Principal Place of Business

11820 NW 29 MANOR  
SUNRISE FL 33323

Mailing Address

11820 NW 29 MANOR  
SUNRISE FL 33323-15583. Date Incorporated or Qualified  
03/29/19913a. Date of Last Report  
03/06/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt #, etc.

26 City &amp; State

27 Zip

Country

28

30

4. FEI Number

65-0294505

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARTOLETTI, JOAN C.  
STREET ADDRESS 11820 NW 29 MANOR  
CITY - ST - ZIP SUNRISE FL☐ DELETETITLE DVP  
NAME BARTOLETTI, JULIE  
STREET ADDRESS 11820 NW 29 MANOR  
CITY - ST - ZIP SUNRISE FL☐ DELETETITLE DT  
NAME GORIS, GAIL  
STREET ADDRESS 9937 NW 6TH CT  
CITY - ST - ZIP PLANTATION FL☐ DELETETITLE S  
NAME HERNANDEZ, SUSAN  
STREET ADDRESS 13240 NW 13 ST  
CITY - ST - ZIP SUNRISE FL☐ DELETETITLE D  
NAME TRAVERS, ADDIE  
STREET ADDRESS 8061 NW 26 PL  
CITY - ST - ZIP SUNRISE FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

954-581-4110

Date

Daytime Phone # 0000000

CR2E037 (9/96)