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 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50916** **(8)**

1. Corporation Name

FLORIDA ARTS, DANCE & FITNESS COMPANY

Principal Place of Business	Mailing Address
3003 SW MARTIN DOWNS BLVD PALM CITY FL 34990	3003 SW MARTIN DOWNS BLVD PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1992**
3a. Date of Last Report: **02/08/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SERRA, JOSE
306 HOSPITAL AVE
STUART FL 34994

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 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 _____ (Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when restated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	P/D	☒ Change ☐ Addition
NAME	SERRA, JOSE	12 NAME	Jeanette Mueller	
STREET ADDRESS	4723 SW BRANCH TER	13 STREET ADDRESS	2002 S.W. Racquetclub Dr.	
CITY ST ZIP	PALM CITY FL	14 CITY ST ZIP	Palm City, Fl. 34990	
TITLE	T	21 TITLE	S/D	☒ Change ☐ Addition
NAME	GRAZI, TERRY T	22 NAME	Cathr n Raff	
STREET ADDRESS	1918 WINNERS DR	23 STREET ADDRESS	1915 S.E. Emerald Ct	
CITY ST ZIP	PALM CITY FL	24 CITY ST ZIP	Stuart, Fl 34997	
TITLE	T	31 TITLE	T/D	☒ Change ☐ Addition
NAME	HUTCHESON, SUZANNE	32 NAME	Kathryn M. Harrigan	
STREET ADDRESS	3231 SW SUNSET TRACE CIR	33 STREET ADDRESS	2100 S.E. Ocean Blvd #205	
CITY ST ZIP	PALM CITY FL	34 CITY ST ZIP	Stuart, Fl 34996	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathryn M. Harrigan KATHRYN M. HARRIGAN 4/28/95 (407)287-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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