

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 10 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 # N95000000616 (1)

1. Corporation Name

HORTON DANCE, INC.



Principal Place of Business

Mailing Address

1350 E. SUNRISE BOULEVARD  
STE 132  
FT LAUDERDALE FL 33304

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STE 132  
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1995  
3a. Date of Last Report 12/02/1996

4. FEI Number 65-0557972  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. ~~FT LAUDERDALE~~  
Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOZIER, ADRIENNE U  
4500 N.W. 12TH CT.  
LAUDERHILL FL 33313

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME HORTON, CLEORA  
STREET ADDRESS 4500 NW 12 CT.  
CITY-ST-ZIP LAUDERHILL FL 33313

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME DOZIER, ADRIENNE  
STREET ADDRESS 4500 NW 12 CT.  
CITY-ST-ZIP LAUDERHILL FL 33313

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TS  
NAME JONES, HAZEL  
STREET ADDRESS 2331 NW 15 ST  
CITY-ST-ZIP LAUD FL 33311

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME ROBINSON, DIONNE  
STREET ADDRESS 4510 NW 15 ST  
CITY-ST-ZIP LAUD FL 33313

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME BLACK, OLIVER  
STREET ADDRESS 1800 NW 27 TERR  
CITY-ST-ZIP LAUD FL 33313

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME HORTON, EDWARD  
STREET ADDRESS 4500 NW 12 CT  
CITY-ST-ZIP LAUD FL 33313

6.1 TITLE  
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]* SIGNATURE REQUIRED *[Signature]*

CR2E037 (4/97)