FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9500000719 (3)

SOUTH FLORIDA DANCE THEATRE, INC.

Principal Place of Business Mailing Address									i immiride bif ihilli filiti filiti Maire Mairi A	49 14 44 143 1	/BIII 101FF 1001	9) ITOTO TOTA FOOT
B221 GLADES ROAD STE. 208 BOCA RATON FL 33434				8221 GLADES ROAD STE. 208 BOCA RATON FL 33434								
									3. Date Incorporated or Qualified 08/09/1993	3a. Date of Last Report 08/15/1995		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
21				26								Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				ļ	5. Certificate of Status Desired			5 Additional
City & State			2/	City & State								Required
23			28	 1					Election Campaign Financing Trust Fund Contribution			00 May Be
Žip)	Country		Zip	Coun	try			This corporation has liability for interest.	tannihla		ed to Fees
24		25	29		30					Yes		. 183.002,
9. Name and Address of Current				stered Agent	1			1	10. Name and Address of New Re	gistered	1 Agent	
					8	11	Name					
	OORSE, MARA				8	12	Street A	Address	(P.O. Box Number is Not Acceptable	}		
	221 GLADES RO					_			•			
В	OCA RATON FL	33434			8	13						
					ε	4	City				85 Z	ıp Code
44 0		047.0500		2 4 5 0 0 5 1 1 0 0		Ĺ				FI	L I I	
						e-n- roc	arned cor bration's t	rporation board of	n submits this statement for the purpor	ose of characters	nanging its i	registered office
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNA	ATURE Slonature None	id or printed name of registered agent a	and all a id	anning the second secon	OTE: Registered A						****	
12.	og disio, type	OFFICERS AND			13.	Jest II	i signature re	equired whe	ADDITIONS/CHANGES TO OFFIC	DATE ERS AN	ID DISECTO	3DQ IN 10
TITLE	DIREC			DELETE	1.1 7/11				ADDITIONS OF MINES TO BITTO	L.MO PHY	C) Change	Addition
NAME	KOORS	SE, MARA		_	1.2 NAM							
STREET	ADDRESS 8221 G	LADES ROAD STE. 208					ADORESS					
CITY-SI	I-ZIP BOCA	RATON FL 33434			1.4 CITY							
TITLE	D			DELETE	2 1 TITL			В			Change	Addition
NAME	KOORS	SE, DON		-	2.2 NAM	E		ELIZ	PABETH WILSMAN	. AL	•	_
STREET	ADORESS 8221 G	Lades road ste. 208			2 3 STRE	ET A	ADDRESS	318	E PALMETTO PARK	KD.		
City-St	-zif BOCA	RATON FL 33434			2 4 CH)	'-S'	T-21P	BOCK	9 RATON FL. 33432			
TITLE	D			DELETE	3 1 TITLE			Veni	a: Banchis		Change	Addition
NAME		SE, SHANNON			3 2 NAM	E	ľ	nenn	RI BROOKS		•	
STREET	ľ	CROMWELL CIRCLE			3 3 STRE	£1 #	ADDRESS	685	5 NW 75thPL			
CITY-ST		RATON FL 33486			3 4. CITY				KLAND, FL 33433			
TITLE	D	NC 1 CC		DELETE	4.1 TITLE			DanA	RIE PRIOMBI		Change	Addition Addition
NAME	KOORS	SE, LEE CROMWELL CIRCLE			4 2 NAM		ľ	wer.	5 nw75PL			
STREET		RATON FL 33486					ADDRESS	One	KLAND, FL 33433			
CITY - ST	- ZIF BOOK I	TATON PL 33400		DELETE	4.4 CITY		1 - ZIP	TNE	RUNNU / 1 C 33132			
TITLE NAME				Therese	5 1 1111.8						Change	☐ Addition
STREET A	ADDRESS				5 2 NAM		, DODESS					
CITY-ST							ADORESS					
TITLE	<u> </u>			DELETE	5.4 CiTY 6.1 TiTLE	_	- ZIP				☐ Change	Addition
NAME					62 NAM						☐ cuange	Notition
STREET A	ADDRESS						ADDRESS					
CITY-ST					6.3 STRE							
14 . Ld	to hereby certify that	t the information supplied w	ith this	filing is voluntarily furn	ished and do	ьe	not quali	ify for the	e exemption stated in Section 119.07	(3)(k), FI	orida Statut	es. I further
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)(k). 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:

MARA KOORSE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARA

OORSE

4/22/96 407 479 3244

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