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Mar 06 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 # N95000000719 (3)

1. Corporation Name

SOUTH FLORIDA DANCE THEATRE, INC.



Principal Place of Business

Mailing Address

8221 GLADES ROAD STE. 208  
BOCA RATON FL 33434

8221 GLADES ROAD STE. 208  
BOCA RATON FL 33434-4033

3. Date Incorporated or Qualified  
08/09/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

65-0445520

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOORSE, MARA  
8221 GLADES ROAD STE. 208  
BOCA RATON FL 33434

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 *Mara Koorse*

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

(NOTE: Registered Agent signature required when reinstating).

DATE

2/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME KOORSE, MARA  
STREET ADDRESS 8221 GLADES ROAD STE. 208  
CITY-ST-ZIP BOCA RATON FL 33434

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WILSMAN, ELIZABETH  
STREET ADDRESS 318 E PALMETTO PARK ROAD  
CITY-ST-ZIP BOCA RATON FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BROOKS, KERRI  
STREET ADDRESS 6855 NW 75TH PLACE  
CITY-ST-ZIP PARKLAND FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PALOMBI, MARIE  
STREET ADDRESS 6885 NE 75 PLACE  
CITY-ST-ZIP PARKLAND FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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:

*Mara Koorse* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

Date

(56) 479-3244  
Daytime Phone # 0042166

CR2E037 (9/96)