

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002394 (3)

1. Corporation Name

DANCEOLOGY, INC.



Principal Place of Business

Mailing Address

C/O ENCORE DANCE THEATRE OF FT. LAUDERDALE
3435 HIATUS ROAD
SUNRISE FL 33351

C/O ENCORE DANCE THEATRE OF FT. LAUDERDALE
3435 HIATUS ROAD
SUNRISE FL 33351

3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report
—

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0596762

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

SILVA, SANDRA P
5290 N.W. 88TH AVENUE
APARTMENT E-101
LAUDERHILL FL 33351

81 Name

SANDRA P. SILVA

82 Street Address (P.O. Box Number is Not Acceptable)

961 N.W. 93 AVENUE

83

PLANTATION

84 City

FL

85 Zip Code

33324

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

Sandra P. Silva

SANDRA P. SILVA

4-23-96

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 **SANDRA P. SILVA - Director** ☐ DELETE
NAME
STREET ADDRESS **961 NW 93 AVENUE**
CITY-ST-ZIP **PLANTATION, FLORIDA 33324**

TITLE **SHERRE ANDERSON - Director** ☐ DELETE
NAME
STREET ADDRESS **3171 113 AVENUE**
CITY-ST-ZIP **SUNRISE, FLORIDA 33323**

TITLE **KORRAIDE ANDERSON - PENNELL - Director** ☐ DELETE
NAME
STREET ADDRESS **4925 NW 96 TERRACE**
CITY-ST-ZIP **SUNRISE, FLORIDA 33351**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Sandra P. Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA P. SILVA

Date

Daytime Phone #

4-23-96

CR2E037 (12/95)