SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

N95000002534 (4)

Mailing Address

Suite, Apt. #, etc.

City & State

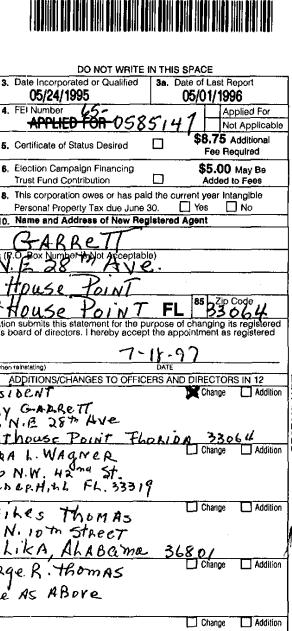
BALLET NOVA OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1320 UNIVERSITY DRIVE	1320 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071	CORAL SPRINGS FL 33071

26

27

FILED Aug 12 1997 8:00am Secretary of State



23 28 Trust Fund Contribution Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 84 progration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named office or registered agent, or both, In the State of Florida, Such change was authorized by the corpagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE PRESIDENT GARRETT, KATHY KATHY GABRETT NAME 3700'N.B 28th Ave 7420 NW 42ND STREET STREET ADDRESS 1.3 STREET ADDRESS 19hthouse Point FLORIDA 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE TITLE D 2.1 TITLE DEBRA L. WAGNER NAME GARRETT, FRED 2.2 NAME 400 N.W. 42 my St. 7420 NW 42ND STREET STREET ADDRESS 2.3 STREET ADDRESS LAUDERHIAL FL. 33319 LAUDERHILL PL 33319 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 DILE TITLE J. MILES Thomas MEISLER, MICHAEL C NAME 3.2 NAME 515 No 10th Street 10211-W-DAMPLE RD. #212 STREET ADDRESS 3.3 STREET ADDRESS OPelika, Ahabama COPAL SPRINGS FE 3308 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE MARGER. Thomas NAME BAME AS ABOVE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS CITY-ST-ZIP 6.4 City - St - ZIP

14. I do hereby certify that the information supplied with this filling 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.