

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 # N95000002611

1. Corporation Name

THE TONY LARDE DANCE THEATRE

Principal Place of Business

Mailing Address

4201 W. ATLANTIC BLVD. #619
COCONUT CREEK, FLA. 33066
(954) 970-8997

3. Date Incorporated or Qualified

JUNE 2, 1995

3a. Date of Last Report

SEE DATE OF INC.

4. FEI Number

65-0572281

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

2. Principal Place of Business

21 as above

2a. Mailing Address

26 as above

Suite, Apt. #, etc.

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

TONY LARDE

81

Name TONY LARDE

82

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

4201 W. ATLANTIC BLVD #619,

83

84

COCONUT CREEK

FL

85

Zip Code 33066

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 *Tony Larde*

TONY LARDE

DATE

3/11/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO & ARTISTIC DIRECTOR <input type="checkbox"/> DELETE
NAME	TONY LARDE
STREET ADDRESS	4201 W. ATLANTIC BLVD. #619
CITY-ST-ZIP	COCONUT CREEK, FLA. 33066
TITLE	VICE-CEO <input type="checkbox"/> DELETE
NAME	DAVID JESELSON
STREET ADDRESS	4784 N.W., 3rd. court
CITY-ST-ZIP	PLANTATION, FLA. 33317
TITLE	CFO & FINANCIAL DIRECTOR <input type="checkbox"/> DELETE
NAME	LOVETTA THOMAS
STREET ADDRESS	3225 N.W., 2nd. St.
CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33311
TITLE	DIRECTOR OF PUBLIC RELATIONS <input type="checkbox"/> DELETE
NAME	DEBORAH GODFREY
STREET ADDRESS	1145 SUSSEX DRIVE
CITY-ST-ZIP	NORTH LAUDERDALE, FLA. 33068
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	Barbara Roberts
STREET ADDRESS	523 N.W., 1st Ave.
CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33311
TITLE	ADMINISTRATIVE DIRECTOR <input type="checkbox"/> DELETE
NAME	PETRA LARDE (formerly MUELLER)
STREET ADDRESS	4201 W. ATLANTIC BLVD., #619
CITY-ST-ZIP	COCONUT CREEK, FLA. 33066

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Tony Larde*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TONY LARDE

3/12/96

Date

(954) 970-8997

Daytime Phone #

CR2E037 (12/95)