


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # N95000002611 (0) 1. Corporation Name THE TONY LARDGE DANCE THEATRE INC.					
Principal Place of Business 4201 W. ATLANTIC BLVD. #619 COCONUT CREEK FL 33066			Mailing Address 4201 W. ATLANTIC BLVD. #619 COCONUT CREEK FL 33066-1705		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/02/1995 3a. Date of Last Report 03/21/1996 4. FEI Number 65-0572281 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LARDGE, TONY L 4201 W. ATLANTIC BLVD. #619 COCONUT CREEK FL 33066			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	CEOD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARDGE, TONY		1.2 NAME		
STREET ADDRESS	4201 W ATLANTIC BLVD #619		1.3 STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK FL 33066		1.4 CITY - ST - ZIP		
TITLE	VCEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YESELSON, DAVIO		2.2 NAME		
STREET ADDRESS	4784 NW., 3RD CT		2.3 STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL 33317		2.4 CITY - ST - ZIP		
TITLE	CEOD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVETTA, THOMAS		3.2 NAME		
STREET ADDRESS	3225 NW 2ND ST		3.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL 33311		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODFREY, DEBORAH		4.2 NAME		
STREET ADDRESS	1145 SUSSEX DR		4.3 STREET ADDRESS		
CITY - ST - ZIP	NO. LAUDERDALE FL 33068		4.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, BARBARA		5.2 NAME		
STREET ADDRESS	523 NW 11TH AVE		5.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL 33311		5.4 CITY - ST - ZIP		
TITLE	AD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETRA, LARDGE		6.2 NAME		
STREET ADDRESS	4201 W ATLANTIC BLVD., #619		6.3 STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK FL 33066		6.4 CITY - ST - ZIP		
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: <i>Tony L Lardge</i> TONY L LARDGE 4/22/97 (954) 970-8997 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025514					



CR2E037 (9/96)