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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004202 (6)
 1. Corporation Name
FLORIDA ARTS, DANCE & FITNESS COMPANY

Principal Place of Business 3003 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990	Mailing Address 3003 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990
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3. Date Incorporated or Qualified
09/01/1995

4. FEI Number
65-0604547

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 57 SW Monterey Rd.	2a. Mailing Address 26 57 SW Monterey Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stuart, FL	City & State 28 Stuart, FL
Zip 24 34994	Country 25 USA
Country 29 USA	Zip 30 34994

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**SPRINKLE, PHILLIP M II
 PHILLIPS POINT-EAST TOWER
 777 SOUTH FLAGLER DR. SUITE 900
 W PALM BEACH FL 33401**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUELLER, JEANETTE	
STREET ADDRESS	2002 S.W. RACQUETCLUB DR.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANTOMENNO, AGNES	
STREET ADDRESS	2002 S.W. RACQUETCLUB DR.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRIGAN, KATHRYN	
STREET ADDRESS	2100 SE OCEAN BLVD., SUITE 205	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIANNO, PETER	
STREET ADDRESS	217 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, MARY	
STREET ADDRESS	1995 S.W. MARTIN HWY.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHMIDT, KATHY	
STREET ADDRESS	2300 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34994	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nicki Schoonover	
1.3 STREET ADDRESS	6853 SW Lassoo Ln	
1.4 CITY-ST-ZIP	Palm City FL 34990	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Katherine Bernetein	
2.3 STREET ADDRESS	600 W. First Street	
2.4 CITY-ST-ZIP	Palm City, FL 34990	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AGNES Santomenno	
3.3 STREET ADDRESS	2002 SW Crane Creek Ave.	
3.4 CITY-ST-ZIP	Palm City FL 34990	
4.1 TITLE	Mike D'Arizzi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	3584 SW Armellini Ave.	
4.3 STREET ADDRESS	Palm City FL 34990	
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Maureen O Conner	
5.3 STREET ADDRESS	508 Colorado Ave	
5.4 CITY-ST-ZIP	Stuart, FL 34994	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gwen Carden	
6.3 STREET ADDRESS	1309 SW Vizeaya Circle	
6.4 CITY-ST-ZIP	Palm City FL 34990	

14. I 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: *Schoonover* 4/14/98 561 2884150

CR2E037 (10/97)