


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000349 (8) 1. Corporation Name BALLROOM DANCESPORT THEATER OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 1208 S OSPREY AVE SARASOTA FL 34239 US			Mailing Address P.O. BOX 4037 SARASOTA FL 34230-4037 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/17/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0642837 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent BURNS, MARGARET 1208 S OSPREY AVE SARASOTA FL 34239			
81 Name		10. Name and Address of New Registered Agent			
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 reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SUNDEEN, ANNE				
STREET ADDRESS	2660 MOSS OAK DRIVE				
CITY-ST-ZIP	SARASOTA FL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	DAY, BARBARA				
STREET ADDRESS	83 TIDY ISLAND BLVD.				
CITY-ST-ZIP	BRADENTON FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	NICANDRI, LUCY				
STREET ADDRESS	4473 MCINTOSH PARK DR, #813				
CITY-ST-ZIP	SARASOTA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	DAY, BARBARA				
1.3 STREET ADDRESS	83 TIDY ISLAND BLVD.				
1.4 CITY-ST-ZIP	BRADENTON, FL				
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	THOMPSON, ARLENE				
2.3 STREET ADDRESS	963 WATERSIDE LANE W.				
2.4 CITY-ST-ZIP	BRADENTON, FL				
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	MOSELEY, SUSAN				
3.3 STREET ADDRESS	1724 MANATEE AVE. W.				
3.4 CITY-ST-ZIP	BRADENTON, FL				
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					

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: MARGARET BURNS

6 March 98 941-935-1099

CR2E037 (10/97)