

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 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 # N96000003268 (7)

1. Corporation Name

DENIM & LACE DANCERS, INC.

Principal Place of Business

5050 10TH AVE N. SUITE A
LAKE WORTH FL 33463

Mailing Address

5050 10TH AVE N. SUITE A
LAKE WORTH FL 33463-2062



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FOTORNY, KIMBERLEY C
5050. 10TH AVE N, SUITE A
LAKE WORTH FL 33463

3. Date Incorporated or Qualified
06/17/1996

3a. Date of Last Report

4. FEI Number

65-0678359

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, GARY	
STREET ADDRESS	6530 120TH AVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33412	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOTORNY, PAUL J	
STREET ADDRESS	5050 10TH AVE N, SUITE A	
CITY - ST - ZIP	LAKE WORTH FL 33463	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASE, DIANE	
STREET ADDRESS	12999 ODESSA TRAIL, APT #14	
CITY - ST - ZIP	WEST PALM BEACH FL 33414	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLATTNER, CHRISTINA	
STREET ADDRESS	37 W ARCH DR	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDT, JERRY	
STREET ADDRESS	4939 125TH AVE S	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILLER, GARY	
1.3 STREET ADDRESS	6530 120TH AVENUE	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33412	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL J. FOTORNY	
2.3 STREET ADDRESS	5050 10TH AVENUE N., SUITE A	
2.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JERRY BRANDT	
3.3 STREET ADDRESS	4939 125TH AVE., S.	
3.4 CITY - ST - ZIP	LAKE WORTH, FL 33467	
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

561/965-8787

Date

Daytime Phone # 0043802

CR2E037 (9/96)