


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003268 (7)**

1. Corporation Name

**DENIM & LACE DANCERS, INC.**



Principal Place of Business	Mailing Address
5050 10TH AVE N. SUITE A LAKE WORTH FL 33463	5050 10TH AVE N. SUITE A LAKE WORTH FL 33463

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
06/17/1996	
4. FEI Number	Not Applicable
65-0678359	
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?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
FOTORNY, KIMBERLEY C 5050 10TH AVE N, SUITE A LAKE WORTH FL 33463

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILLER, GARY 6530 120TH AVE WEST PALM BEACH FL	1.1 TITLE	PD CASE, DIANE 12448 ODESSA TRAIL, APT #14 WEST PALM BEACH, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD FOTORNY, PAUL J 5050 10TH AVE N, SUITE A LAKE WORTH FL	2.1 TITLE	VD BRANDT, JERRY 4939 125TH AVE S LAKE WORTH, FL 33467
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CASE, DIANE 12999 ODESSA TRAIL, APT #14 WEST PALM BEACH FL	3.1 TITLE	SD SMITH, NINA J 6567 KATHERINE RD WEST PALM BEACH, FL 33413
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T BLATTLER, CHRISTINA 37 W ARCH DR LAKE WORTH FL 33467	4.1 TITLE	T KEEN, CARMEN 1600 LIVE OAK DR. WEST PALM BEACH, FL 33415
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BRANDT, JERRY 4939 125TH AVE S LAKE WORTH FL 33467	5.1 TITLE	D INKELL, TEX 8029 SEMINOLE PARKWAY RD. LOXAHATCHEE, FL 33470
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Heidi Smith SIGNATURE REQUIRED: T. SMITH 1-15-98 561-820-8501

CR2E037 (10/97)