

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90019 016 ****61.25

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DOCUMENT # **N96000003268**

1. Corporation Name

DENIM & LACE DANCERS, INC.

185879 - 90019 - 16

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/17/1996

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

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

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 **PD** ☒ DELETE
NAME **CASE DIANE**
STREET ADDRESS **12999 ODESSA TRAIL APT #14**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VD** ☒ DELETE
NAME **BRANDT JERRY**
STREET ADDRESS **4939 125TH AVE S**
CITY-ST-ZIP **LAKEWORTH FL 33467**

TITLE **SD** ☒ DELETE
NAME **SMITH NINA J**
STREET ADDRESS **6567 KATHERINE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **T** ☐ DELETE
NAME **KEEN CARMEN**
STREET ADDRESS **1660 LIVE OAK DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ DELETE
NAME **INKELL TED**
STREET ADDRESS **8029 SEMINOLE POTT WHITNEY RD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **BRANDT, Jerry**
1.3 STREET ADDRESS **4939 125TH AVE S**
1.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **FORTORNY, PAUL**
2.3 STREET ADDRESS **5050 10TH AVE N. Suite A**
2.4 CITY-ST-ZIP **LAKE WORTH, FL 33463**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **MILLER, Bonnie**
3.3 STREET ADDRESS **16074 66th CTN**
3.4 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Kimberley C Fotorny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

561/965-8787
Daytime Phone #

CR2E037 (11/98)