

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, IMMEDIATE AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P34773 (2)

1. Corporation Name

AMERICAN BALLROOM COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/23/1991	3a. Date of Last Report 08/05/1994
4. FEI Number 06-0871041	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 25
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9. Name and Address of Current Registered Agent

KIMMINS, JOHN
1077 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KIMMINS, JOHN	1.2 NAME	
STREET ADDRESS	3692 ESTEPONA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BULGER, VINCENT	2.2 NAME	
STREET ADDRESS	457 BLOOMFIELD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERONA NJ	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	KLINE, JOHN W.	3.2 NAME	ZIELINSKI, TERRENCE A.
STREET ADDRESS	11379 S.W. 65TH ST.	3.3 STREET ADDRESS	P.O. Box 9017 NA
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33075
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	OWEN, NANCY L	4.2 NAME	ZIELINSKI, TERRENCE A.
STREET ADDRESS	2520 LEJEUNE ROAD #5	4.3 STREET ADDRESS	P.O. Box 9017 NA
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33075
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	MASTERS, PHIL	5.2 NAME	
STREET ADDRESS	29 FAIRHAVEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COSTELLO, SAMUEL	6.2 NAME	
STREET ADDRESS	201 CRANDON BLVD., #739	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TERRENCE A. ZIELINSKI

6/28/95

505-525-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)