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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P34773 (2)

1. Corporation Name
AMERICAN BALLROOM COMPANY, INC.

Principal Place of Business
1077 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
1077 PONCE DE LEON BLVD
CORAL GABLES FL 33134-3319



3. Date Incorporated or Qualified 07/23/1991
3a. Date of Last Report 06/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

FL

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 (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ST MURDOCK, TOM
STREET ADDRESS 89 NE 109ST
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME VP THEISS, GEORGE B
STREET ADDRESS 15410 SW 77 AVE
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME VP ENG, WAYNE
STREET ADDRESS 4270 COMERON ST
CITY - ST - ZIP LAS VEGAS NV

TITLE ☐ DELETE
NAME VP CHIANG, MARTIN
STREET ADDRESS 20 COUNTRY LANE
CITY - ST - ZIP ROLLING HILLS EST CA

TITLE ☐ DELETE
NAME D LEE, JOSIE
STREET ADDRESS 361 N SALT AIR AVE
CITY - ST - ZIP LOS ANGELES CA

TITLE ☒ DELETE
NAME D COSTELLO, SAMUEL
STREET ADDRESS 201 CRANDON BLVD., #739
CITY - ST - ZIP KEY BISCAIYNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Bulger, Vincent
1.3 STREET ADDRESS 454 Bloomfield Av.
1.4 CITY - ST - ZIP Verona, NJ 07044

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 Chairman of Board ☐ Change ☒ Addition
6.2 NAME Philip S. Masters
6.3 STREET ADDRESS 1077 PONCE DE LEON BLVD
6.4 CITY - ST - ZIP CORAL GABLES FL 33134

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (305) 442-1288
Date Daytime Phone

CR2E034 (9/96)