FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P92000001529**1. Corporation Name

THE DANCE PALACE, INC.

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Principal Plac	ce of Business	Mailing A	ddress			4 INCHES IN THIS STREET OF IT	O DIEL DOUN CONE	88481 11891 BIITE	HIND IN IN
3900 CLARK R		3900 CLAF	rk RD						
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SARASOTA FL 34233 SARASOTA FL 34233		A FL 34233			DO NOT WE		SPACE		
บร		US				3. Date Incorporated or Qualifer 11/03/1992	d 		
2. Principal P	Place of Business	2a. Mailin	g Address			4. FEI Number		Ap	plied For
21		26				65-0369570			t Applicable
Suite, Apt.	. #, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desired	Г	\$8.75 A	
22		27						Fee Re	·
City & Stat	te	— ·	State			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Country		8. This corporation owes the cu	rrent year Int		□No
24	25	29		30		Personal Property Tax.	Desistered	Yes	□NO
	9. Name and Address of Co	urrent Registered A	Agent	81	Name	10. Name and Address of New	Registered	Agent	
PEC	CHAR, FRANK	The state of the state of the state of	3.	"					
	O CLARK RD			82	Street Add	ress (P.O. Box Number is Not Accept		_	,
НЗ				83		25.474 5.46 ,41			10 - 30 oz a
,	RASOTA FL 34233			03					
, , , ,	V.00 () 2 0 . 2 0 .			84	City		- 1	85 Zip (Code
some states of the	dis-						FL		
11. Pursuant	t to the provisions of Sections 607 registered agent, or both, in the S	7.0502 and 607.1508 State of Florida, Suc	8, Florida Statute h change was ai	es, the above uthorized by	e-named corp the corporati	poration submits this statement for the on's board of directors. I hereby according to the contract of the con	e purpose or ept the appoi	cnanging its ntment as re	registered gistered
ASSOCIATION IN	am familiar with, and accept the o	bligations of Section	S COZ ČENE EIN	rida Statutoc				•	ັ
		angulario or, coone	ii 007.0303, Floi	HOS . Mentilians					
	N. S.	ne	,		:		بور د مد <u>د د</u>	7 2	<u></u>
SIGNATURE	Signature, typed or printed name of registers	ec agent and title if appacab	le. (NOTE	Regratered Ayen	:	ad when reinstating)	DATE	15 DIBECTO	
SIGNATURE	Signature, typed or printed name of registers OFFICER	ne	ie. (NOTE	Registered Agent	:	ad when reinstating) ADDITIONS/CHANGES TO O			
SIGNATURE 12. IIILE	Signature, typed of printed name of registers OFFICER D	ec agent and title if appacab	le. (NOTE	13.	:			ID DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registers OFFICER D PECHAR, FRANK	ec agent and title if appacab	ie. (NOTE	13. 1.1 TITLE 1.2 NAME	t signature require				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registers OFFICER D PECHAR, FRANK 3900 CLARK RD, H-3	ec agent and title if appacab	ie. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature require				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICER D PECHAR, FRANK 3900 CLARK RD, H-3 SARASOTA FL 34233	ec agent and title if appacab	ie. (NOTE: S	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI	t signature require			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registere OFFICER D PECHAR, FRANK 3900 CLARK RD, H-3 SARASOTA FL 34233 D	ec agent and title if appacab	ie. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature require				
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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 607, 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.

6.4 CiTY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90073 007 ***150.00