

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

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Aug 19 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 # P92000006687 (7)

1. Corporation Name
WORLD AMERICAN DANCE CORPORATION, INC.

Principal Place of Business
5100 W. COPANS ROAD
SUITE 400
COCONUT CREEK FL 33063
US

Mailing Address
5100 W. COPANS ROAD
SUITE 400
COCONUT CREEK FL 33063-7700
US

2. Principal Place of Business
21 457 BLOOMFIELD AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 457 BLOOMFIELD AVE.
Suite, Apt. #, etc.

22 City & State
23 VERONA N.J.

27 City & State
28 VERONA, N.J.

24 Zip Country
07044 USA

29 Zip Country
07044 USA

9. Name and Address of Current Registered Agent

ZIELINSKI, TERRENCE A
5100 W. COPANS RD.
SUITE 400
COCONUT CREEK FL 33063

3. Date Incorporated or Qualified 11/19/1992
3a. Date of Last Report 11/26/1996

4. FEI Number 65-0490375-22-3485877
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

10. Name and Address of New Registered Agent

81 Name ZIELINSKI, TERRENCE A.
82 Street Address (P.O. Box Number is Not Acceptable) 5100 W. COPANS RD.
83 SUITE 100
84 City MARGATE FL 85 Zip Code 33063

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 Terrence A. Zielinski, CPA Terrence A Zielinski 8/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BULGER, VINCENT	
STREET ADDRESS	5100 W. COPANS RD., SUITE 400	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ZIELINSKI, TERRENCE	
STREET ADDRESS	5100 W. COPANS ROAD, ST. 400	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VINCENT BULGER	
1.3 STREET ADDRESS	457 BLOOMFIELD AVE -	
1.4 CITY-ST-ZIP	VERONA, N.J. 07044	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOYCE ADELMAN	
2.3 STREET ADDRESS	457 BLOOMFIELD AVE.	
2.4 CITY-ST-ZIP	VERONA, N.J. 07044	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Vincent Bulger, PRES 8/12/97 201-259-1210



CHANGED TO:

CR2E034 (9/96)