

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000019201 (1)

1. Corporation Name

DANCE CITY OF CLEARWATER, INC.



Principal Place of Business

1163 N HERCULES
CLEARWATER FL 34625

Mailing Address

1163 N HERCULES
CLEARWATER FL 34625

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3172182

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

GRAHAM, KELLY
1163 N HERCULES
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

Angel Quinonez

82 Street Address (P.O. Box Number is Not Acceptable)

1065 N. Hercules Ave.

83

84 City

Clearwater

FL

85 Zip Code

34625

11. Pursuant to the provisions of Sections 607.0502 and 607.0503 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation.

(If the Registered Agent Signature is required when filing this report.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	GRAHAM, KELLY	
STREET ADDRESS	7540 34TH ST S CONDO #222	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	☒ Change ☐ Addition
2. NAME	Angel Quinonez	
3. STREET ADDRESS	1065 N. Hercules Ave.	
4. CITY-ST-ZIP	Clearwater, FL. 34625	☐ Change ☐ Addition
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		☐ Change ☐ Addition
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		☐ Change ☐ Addition
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		☐ Change ☐ Addition

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 119.07(3)(k), 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 have been 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

DATE

Daytime Phone #

CR2E034 (12/95)