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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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 34625-1919

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

QUINONEZ, ANGEL
1085 N. HERCULES AVENUE
CLEARWATER FL 34625

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 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE P
NAME QUINONEZ, ANGEL
STREET ADDRESS 1085 N HERCULES AVE
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct, 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 file 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.

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

05/28/1996

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

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

I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct, 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 file 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.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 ☐ Change ☐ Addition

12.1 ☐ Change ☐ Addition

13.1 ☐ Change ☐ Addition

14.1 ☐ Change ☐ Addition

15.1 ☐ Change ☐ Addition

16.1 ☐ Change ☐ Addition

17.1 ☐ Change ☐ Addition

18.1 ☐ Change ☐ Addition

19.1 ☐ Change ☐ Addition

20.1 ☐ Change ☐ Addition

21.1 ☐ Change ☐ Addition

22.1 ☐ Change ☐ Addition

23.1 ☐ Change ☐ Addition

24.1 ☐ Change ☐ Addition

25.1 ☐ Change ☐ Addition

26.1 ☐ Change ☐ Addition

CR2E034 (9/96)