

# 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 # **P93000045626 (7)**

1. Corporation Name

**L-A DANCE, INC.**



Principal Place of Business		Mailing Address	
3301 W BOYNTON BEACH BLVD STE 9 BOYNTON BEACH FL 33436 US		3301 W. BOYNTON BEACH BLVD. STE 9 BOYNTON BEACH FL 33436 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified <b>06/28/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0426353</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BARTHET, PATRICK C  
2400 SUNBANK INTERNATIONAL CENTER  
ONE SE 3RD AVE  
MIAMI FL 33131**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
<b>FL</b>	
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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P CONSTABLE, LEIGH-ANN G 7329 ASHLEY SHORES CIRCLE LAKE WORTH FL	<input type="checkbox"/> DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP <b>P GRADUAM, JANET S 6380 OLD MEDINAH CIRCLE LAKE WORTH, FL 33463</b>
TITLE	ST CONSTABLE, CHRISTOPHER H 7329 ASHLEY SHORES CIRCLE LAKE WORTH FL	<input type="checkbox"/> DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP <b>VP, S GRADUAM, RONALD L 6380 OLD MEDINAH CIRCLE LAKE WORTH, FL 33463</b>
TITLE		<input type="checkbox"/> DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP <b>VP CONSTABLE, LEIGH-ANN G 7329 ASHLEY SHORES CIR LAKE WORTH, FL 33467</b>
TITLE		<input type="checkbox"/> DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP <b>VP, T CONSTABLE, CHRISTOPHER H 7329 ASHLEY SHORES CIR LAKE WORTH, FL 33467</b>
TITLE		<input type="checkbox"/> DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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 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:

**J. P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

(407) 360-9-5351

Daytime Phone #

CR2E034 (12/95)