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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001405 (7)

## **FILED** Apr 22 1998 8:00am Secretary of State

DANCEWEAR UNLIMITED, INC.												
Principal Place of Business				Mailing Address					- I HEBRIDAN ANK ABAN DEDAK BENIN DENAK DURAN DENAK DUNUN N	.011 01011 0810		
1659 US 41 BY-PASS SOUTH VENICE FL 34293				17307 LAKEWORTH BLVD. PORT CHARLOTTE FL 33948-2402								
US									DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified		1	
2. Principal Place of Business				2a. Mailing Address					12/28/1993 4. FEI Number	TABL	olied For	
<u> </u>				26					65-0458466	1 · · · ·	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.75 A		
22				27					5. Certificate of Status Desired	Fee Rec		
City & State				City & State					6. Election Campaign Financing	\$5.00	May Be	
23			28						Trust Fund Contribution	Added to	Fees	
Zip				Zip Cou					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
24	- N	25	29	toned Amous	30]	1			Personal Property Tax due June 30.		I No	
9, Name and Address of Current				egistereo Agent			Name					
	NUZZI, JUI					81						
17307 LAKEWORTH BLVD.							Street	Addres	dress (P.O. Box Number is Not Acceptable)			
PORT CHARLOTTE FL 33948-2402												
							,			<del></del>		
						84	City		FL	<b> 85   Z</b> ip C	ode	
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	Sizastura typos	1 or printed name of registered agent	and title	d applicable (NC)	TF: Registere	enA be	nt signatur	re required	d when reinstating) DATE			
12,	Digitatore: typos	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	S IN 12	
TITLE	D			DELETE	1.1 T	ITLE				Change	Addition	
NAME BENUZZI, JUDITH A				1.2 N								
STREET ADDRESS 17307 LAKEWORTH BLVD.						TREET	ADDRESS					
CITY-ST-ZIP PORT CHARLOTTE FL 33948-2			402				1.4 CITY - ST - ZIP			7	<b>—</b> • (150	
TITLE				☐ DELETE	2.1 7				L	_ Change	☐ Addition	
NAME					2.2 N				•:			
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE		CITY - S	ST-ZIP	╁		Change	Addition	
TITLE	:			F"] DECEIR	3.1 T 3.2 N				L	⊒ ouen∄e	AUUUUUI	
NAME STREET ADDRESS							ADDRESS				ļ	
CITY-ST-ZIP						CITY-S						
TITLE				DELETE	4.1 T		)   - Lil			Change	☐ Addition	
NAME						NAME						
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY+ST-ZIP					4.4 0	11Y - S	T-ZIP					
TITLE				DELETE	5.1 T	ITLE				Change	☐ Addition	
NAME					5.2 N	AME						
STREET ADDRESS					5.3 S	TREET	ADDRESS					
CITY-ST-ZIP					5.4 0	ITY-S	T-ZIP	1				
TITLE	_			DELETE	6.17	ITLE			L	Change	Addition	
NAME					6.2 N						ļ	
STREET ADDRESS							ADDRESS				ļ	
CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qu						6.4 CITY-ST-ZIP			Continue \$10.07/2(v)) Elegiple Clatutes   further rest	fu that the	information	
14. I nereby c	eniny that th	ie information supplied will	เ ากเริ 1เ	iming does not qualify	ior trie ex	emp	uon stat	ied in S	section in 19.07(3)(1), monda statutes. I further certi	iy irial DIB I	mormation	

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 all 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.

DV1.4972585