

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

3-8-95 B-1932-C
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 56

DOCUMENT # P94000019478 (4)

1. Corporation Name

CHRISTOPHER'S DANCE CLUB, INC.

Principal Place of Business

Mailing Address

1149 HILLSBORO MILE
603N
HILLSBORO FL 33062

1149 HILLSBORO MILE
603N
HILLSBORO FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1994

4. FEI Number

65-0474262

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

2. Principal Place of Business

2a. Mailing Address

21 5917 S. Congress Avenue

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Atlantis, FL

27

City & State

City & State

23 Zip

Country

28 Zip

Country

24 33462

25 Palm Beach

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOBICK, EDWARD-
1149 HILLSBORO MILE
603N
HILLSBORO FL 33062

81 Name

CHRISTOPHER HEMMER

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

5917 S. Congress Avenue

83

Atlanta

84 City

FL

85

Zip Code

33462

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

Christopher B. Hemmer M.S.

3/2/95

(Signature, typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~B~~
NAME BOBICK, EDWARD-
STREET ADDRESS 1149 HILLSBORO MILE, 603N-
CITY, ST, ZIP HILLSBORO FL 33062-

TITLE CHRISTOPHER HEMMER, Pres.
NAME 5917 S. Congress Avenue
STREET ADDRESS Atlanta, Fl. 33462
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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 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. I am an officer or director of this 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:

Christopher B. Hemmer President

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/2/95

Date

(Signature) (Typed Name)