

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

SECRETARY OF STATE
ANNUAL REPORT
1995



ATTACHED
AND
FILED

08/19/95 PM 7:46

DOCUMENT # **P94000061431 (0)**

PALM COAST DANCE ACADEMY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PALM HARBOR SHOPPING CENTER
PALM COAST PARKWAY
PALM COAST FL 32137

4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

3. Filing Date of Report: **08/19/1994**
3a. Filing Method Report

4. Filing Number: **59-3261301**
Appeal Fee: ☐ Not Applicable

5. Certificate of Status: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Expenses: ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for delinquency fees under FL 1987-241, Florida Statutes: ☐ Yes ☒ No

2. Principal Office: **misspelled**
21. **PALM HARBOR SHOPPING VILLAGE**
22. **FL**
23. **32137**
24. **25**
25. **26**
26. **27**
27. **28**
28. **29**
29. **30**

9. Name and Address of Current Registered Agent

KATZ, PAUL B
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. I, the undersigned, being a resident of this State and duly qualified under the Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the address set forth 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 hereby authorized to accept this appointment. (Section 137.05, Florida Statutes)

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. NAME: **D COSCARELLI, MARITZA M**
2. ADDRESS: **5 WATKINS PLACE**
3. CITY: **PALM COAST FL 32137**
4. NAME: **D SNYDER, VIRGINIA M**
5. ADDRESS: **P.O. BOX 352302 N/A**
6. CITY: **PALM COAST FL 32135**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: ☐ Change ☐ Address
2. NAME: ☐ Change ☐ Address
3. STREET ADDRESS: **27 Fairagat Drive**
4. CITY/ST/ZIP: **(Palm Coast) FL 32137**
5. NAME: ☐ Change ☐ Address
6. NAME: ☐ Change ☐ Address
7. NAME: ☐ Change ☐ Address
8. NAME: ☐ Change ☐ Address
9. NAME: ☐ Change ☐ Address
10. NAME: ☐ Change ☐ Address
11. NAME: ☐ Change ☐ Address
12. NAME: ☐ Change ☐ Address
13. NAME: ☐ Change ☐ Address
14. NAME: ☐ Change ☐ Address
15. NAME: ☐ Change ☐ Address
16. NAME: ☐ Change ☐ Address
17. NAME: ☐ Change ☐ Address
18. NAME: ☐ Change ☐ Address
19. NAME: ☐ Change ☐ Address
20. NAME: ☐ Change ☐ Address

14. I, the undersigned, certify that the information supplied on this form is substantially true and correct and that the information is true and correct and that the corporation shall have the same legal effect as if made in the State of Florida. I am hereby authorized to accept this appointment. (Section 137.05, Florida Statutes)

SIGNATURE: *Virginia M. Snyder*
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER OF BOARD OF DIRECTORS