

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062150 (5)

1. Corporation Name

HOLIDAY SPRINGS PRO SHOP, INC.
D/B/A THE BALL ROOM

Principal Place of Business

Mailing Address

8034 WEST SAMPLE ROAD
CORAL SPRINGS FL 33069

8034 WEST SAMPLE ROAD
CORAL SPRINGS FL 33069



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1994	3a. Date of Last Report 03/23/1995
21. Suite, Apt #, etc	26. Suite, Apt #, etc	4. FEI Number 65-0515986		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		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

10. Name and Address of New Registered Agent

~~LOMBARDO, THOMAS A~~
~~8034 WEST SAMPLE ROAD~~
~~CORAL SPRINGS FL 33069~~

81 Name Robert D. Vespi
82 Street Address (P.O. Box Number is Not Acceptable)
8034 W. Sample Road
83
84 Margate FL 85 Zip Code 33069

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

Robert D. Vespi (Director)

06/11/96

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	D	<input checked="" type="checkbox"/> DELETE
NAME	LOMBARDO, THOMAS A	
STREET ADDRESS	8034 WEST SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL 33069	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOMBARDO, DONNA J	
STREET ADDRESS	8034 WEST SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT VESPI	
1.3 STREET ADDRESS	8034 W. SAMPLE Rd.	
1.4 CITY - ST - ZIP	Margate, FL 33069	
2.1 TITLE	S - Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mendy Vespi	
2.3 STREET ADDRESS	8034 W. SAMPLE Rd.	
2.4 CITY - ST - ZIP	Margate, FL 33069	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001873280	
5.3 STREET ADDRESS	-06/24/96--01040--024	
5.4 CITY - ST - ZIP	***225.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(*), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mendy Vespi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

954-752-5270

DATE

DATE OF FILING

CR2E034 (3/96)