

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000064205 (5)

1. Corporation Name

BETH'S STUDIO OF DANCE COMPANY



Principal Place of Business

16973 WEST YORKSHIRE DRIVE
LOXAHATCHEE FL 33470

Mailing Address

16973 WEST YORKSHIRE DRIVE
LOXAHATCHEE FL 33470

2. Principal Place of Business

21 305 WAVE D

Suite, Apt. #, etc.

22

City & State

23 Belle Glade FLA

Zip

24 33430

Country

25 R.B.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0523198

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

9. Name and Address of Current Registered Agent

POZO, JOSE L
16973 WEST YORKSHIRE DRIVE
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Jose L. Pozo

DATE: 4-27-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P DOZO, JOSEL
16973 W YORKSHIRE DR
LOXAHATCHEE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

V DOZO, BETH A
16973 W YORKSHIRE DR
LOXAHATCHEE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

POZO, JOSE L

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

POZO, BETH A

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(c), 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:

Jose L. Pozo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

407-795-3829

CR2E034 (12/95)