

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000066459 (6)

1. Corporation Name

DANCESPORT PRODUCTIONS, INC.



Principal Place of Business

1500 N.W. 49TH STREET
SUITE 610
FT. LAUDERDALE FL 33309

Mailing Address

P.O. BOX 13
~~SUITE 610~~ ← 2500
BOCA RATON FL 33429
US

2. Principal Place of Business

21 505 N.E. Spanish Trail

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 13

Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL

Zip

24 33432

Country

25 USA

27 City & State

28 Boca Raton, FL

Zip

29 33429

Country

30 USA

9. Name and Address of Current Registered Agent

HILLARY, COLIN
505 N.E. SPANISH TRAIL
BOCA RATON FL 33432

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0550956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BUNKER, LEONARD R
STREET ADDRESS 1500 N.W. 49TH STREET SUITE 610
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE PD ☐ DELETE

NAME HILLARY, COLIN
STREET ADDRESS 505 N.E. SPANISH TRAIL
CITY-ST-ZIP BOCA RATON FL

TITLE TSDV ☐ DELETE

NAME HILLARY, JOY
STREET ADDRESS 505 N.E. SPANISH TRAIL
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE

NAME FEHER, MAIANNE
STREET ADDRESS 1647 CYPRESS POINT DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33070

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ 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)(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; 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 only in Block 13 if changed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLIN HILLARY

4/30/96

407-368-2764

Date

Daytime Phone #

CR2E034 (12/95)