FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:34

DOCUMENT # **P94000086567 (2)**

1. Corporation Name
JILL MALLORY STUDIO OF DANCE, INC.

Principal Place of Business	Mailing Address
7211 S.W. 62ND AVE. SUITE 201 SOUTH MIAMI FL 33143	7211 S.W. 62ND AVE. SUITE 201 SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12199 So. Dixie Hwy.
22 Suite, Apt. #, etc:
23 City & State: Miami, FL.
24 Zip: 33156
25 Country: USA

2a. Mailing Address
26: 7524 S.W. 58th Ave.
27 Suite, Apt. #, etc:
28 City & State: Miami FL.
29 Zip: 33156
30 Country: USA

4. FEI Number: 65-0545962 ☐ 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 § 199 D.S.C.* Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CAGLE, PETER B
7211 S.W. 62ND AVE.
SUITE 201
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: Paula Cunningham
82 Street Address (P.O. Box Number is Not Acceptable): 7524 S.W. 58th Avenue
83
84 City: Miami FL 85 Zip Code: 33143

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: Paula Cunningham (Paula Cunningham) 4/30/95
Signature, typed or printed name of registered agent and title if applicable (Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	President	☑ Change ☐ Addition
NAME	CAGLE, PETER B	12 NAME	Paula Cunningham	
STREET ADDRESS	7211 S.W. 62ND AVE.	13 STREET ADDRESS	7524 S.W. 58th Ave.	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	14 CITY-ST-ZIP	Miami, FL. 33143	
TITLE	OVT	21 TITLE	Secretary	☑ Change ☐ Addition
NAME	RUIZ, VIRGINIA L	22 NAME	Ruth Tichenor	
STREET ADDRESS	7211 S.W. 62ND AVE.	23 STREET ADDRESS	8490 S.W. 112 St.	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	24 CITY-ST-ZIP	Miami, FL. 33156	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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)(i), 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: Paula Cunningham (Paula Cunningham) 4/30/95 (305) 666-2603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184112 CP