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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000086567 (2)

JILL MALLORY STUDIO OF DANCE, INC.

	ALLUHY STUDIO OF DAN					
Principal Place	of Business	Mailing Address			A seemen sie sein effit een effit	ı abısı asıbı talığ girki Bilin Bilil ibdi SBêl
12199 \$ DIXIE HWY 7524 SW 58TH AVI MIAMI FL 33156 MIAMI FL 33156 US US						
					3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla		2a. Mailing Address 26 5113 SW	8/3	r	4. FEI Number 65-0545962	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 OUTH MI	AM)	h	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _i p	Country	Zipnoulo	Counto		8. This corporation has liability for	
24	25	29 30143	30	HUE_		□ No
·· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered Agent
01.00.00	A.1.4.1.4. B.4.4.1.4		81	Name		
CUNNINGHAM, PAULA 7524 SW 58TH AVE 82 Street Ad				Street Ad	dress (P.O. Box Number is Not Acceptab	le)
			83			· · · · · · · · · · · · · · · · · · ·
MIAMI FI	L 33143		03			
			84	'		FL 85 Zip Code
Or registert	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Sucri change was authorized	the above- by the corp	named corp oration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	pose of changing its registered officintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager					
12.		IT AND THE IT APPLICABLE (NOTE	: Ragistered Ager	it signature regii	ired when runstating: ADDITIONS/CHANGES TO OFFI	DATE
TITLE	P	☐ DELETE	1. 1 TiTLE		ADDITIONS/CHANGES TO OFFI	CENS AND UNRECTIONS IN 12 Change Addition
NAME	CUMMINGHAM, PAULA		1.2 NAME	i		A
STREET ADDRESS	7524 SW 58TH AVE		1.3 STREET	ADDRESS	5113 SW 8/ SOUTH MIAMI	St, ' - 1/2
CITY-SI-ZIP	MIAMI FL		1.4 CITY - S	T-ZIP	South MIAMI	R 3314-3
TITLE	8	☐ DELETE	2. 1 TITLE			Change Addition
NAME	TIEHENOR, RUTH		2 2 NAME			
STREET ADDRESS	8490 SW 112 ST		23 STREET	ADDRESS		
CITY - S1 - ZIP TITLE	MIAMI FL	☐ DELETE	2.4 CiTY - S	T-ZIP		
NAME		□ ptrcit	3 1 TITLE 32 NAME			Change Addition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZiP			3.4 CITY - S			
TITLE	9100.4	☐ DELETE	4. 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T - ZIP		
TITLE		☐ DEFELE	5 1 TITLE			☐ Change ☐ Addition
NAME SURVEY ASSESSES			52 NAME			
STREET ADDRESS			5 3 STREET	1		
TITLE		DELETE	5.4 CITY - S 6. 1 TITLE	I-ZIP		Change C 4420
NAME		_ OLLER	6.2 NAME			Change Addition
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-S	r- ZIP		
oath; that I	the information indicated on this anni	ual report or supplemental annual tration or the receiver or trustee e	ned and does report is true monwered t	not qualify	for the exemption stated in Section 119.0 ate and that my signature shall have the sais report as required by Chapter 607, Flo	camp local offeet or if made under
SIGNATI	0.1-	R PRINTED NAME OF SIGNING OFFICER O		<u> </u>	4/19/94 2	38-7961 Daylinie Phone