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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000088896 (3)

1. Corporation Name
SIMPLY DANCE CENTERS INCORPORATED

Principal Place of Business
8906 S FEDERAL HWY
PORT ST LUCIE FL 34952

Mailing Address
8906 S FEDERAL HWY
PORT ST LUCIE FL 34952-3402



3. Date Incorporated or Qualified 12/06/1994
3a. Date of Last Report 04/30/1996

2. Principal Place of Business
21 9430 S. U.S.I.
Suite, Apt. #, etc.

2a. Mailing Address
26 9430 S. U.S.I.
Suite, Apt. #, etc.

4. FEI Number 65-0238616
Applied For Not Applicable

22 City & State
23 PORT ST. LUCIE, FL

27 City & State
28 PORT ST. LUCIE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34952 25 Country USA

29 Zip 34952 30 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REFFNER, PAMELA R
8906 S FEDERAL HWY
PORT ST LUCIE FL 34952

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9430 S. U.S.I.
83
84 City PORT ST. LUCIE FL 85 Zip Code 34952

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 PAMELA R. REFFNER, DIRECTOR 3/8/97
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|--------------------------|--------|
| TITLE | D | DELETE |
| NAME | REFFNER, PAMELA R | |
| STREET ADDRESS | 882 STREAMLET AVE | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | D | DELETE |
| NAME | ROSSI, HOLLY G | |
| STREET ADDRESS | 9930-5 PINEAPPLE TREE DR | |
| CITY - ST - ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 1724 SW MONARCH CLUB DR. |
| 2.3 STREET ADDRESS | PALM CITY, FL 34990 |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | ROTH M. ROSSI |
| 3.3 STREET ADDRESS | 1724 SW MONARCH CLUB DR. |
| 3.4 CITY - ST - ZIP | PALM CITY, FL 34990 |
| 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 | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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 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: Pamela R. Reffner 3/8/97 361-335-2686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)