FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATE ANNUAL REPORT

1995

DOCUMENT # **P94000089114 (0)**

1. **PARAMOUNT DANCE ARTISTS, INC.**

APPROVED AND FILED

95 MAY -4 PM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2632 W SR 434 SUITE 100 LONGWOOD FL 32779	2632 W SR 434 SUITE 100 LONGWOOD FL 32779

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation / Qualification: **12/06/1994**

3a. Date of Last Report:

4. FEI Number: **59-3281583** ☐ 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	10. Name and Address of New Registered Agent
BOAN, ROSE MARIE 2632 W SR 434 SUITE 100 LONGWOOD FL 32779	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 Section 607.0502 and 607.1908, 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: Rose Marie Boan 5-3-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RONALD	NAME	
STREET ADDRESS	525 BAHAMA DR	STREET ADDRESS	
CITY-ST-ZIP	INDIATLANTIC FL 32903	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BENTLEY, LISA	NAME	
STREET ADDRESS	1218 S PINERIDGE CIR	STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WHITTAKER, DAVID	NAME	
STREET ADDRESS	1158 JUPITER CREEK CT	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	MONSANTY, BRUCE	NAME	PLEASE DELETE BRUCE MONSANTY
STREET ADDRESS	129 OAK ST	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this 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 above, or on an attachment with an asterisk.

SIGNATURE: 5-3-95 407 788-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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