

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089114 (0)

1. Corporation Name

PARAMOUNT DANCE ARTISTS, INC.



Principal Place of Business

2632 W SR 434 SUITE 100
LONGWOOD FL 32779

Mailing Address

2632 W SR 434 SUITE 100
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

BOAN, ROSE MARIE
2632 W SR 434 SUITE 100
LONGWOOD FL 32779

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

05/11/1995

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

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 607.07(3)(b) and 607.13(1)(b), 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 607.06(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 NAME ☒ DELETE
NAME WILLIAMS, RONALD
STREET ADDRESS 525 BAHAMA DR
CITY, STATE, ZIP INDIAN LANTIC FL 32903
1 NAME ☐ DELETE
NAME BENTLEY, LISA
STREET ADDRESS 1218 S PINERIDGE CIR
CITY, STATE, ZIP SANFORD FL 32773
1 NAME ☐ DELETE
NAME WHITTAKER, DAVID
STREET ADDRESS 1158 JUPITER CREEK CT
CITY, STATE, ZIP ALTAMONTE SPRINGS FL 32714
1 NAME ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
1 NAME ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
1 NAME ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, STATE, ZIP
15 NAME ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS
18 CITY, STATE, ZIP
19 NAME ☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY, STATE, ZIP
23 NAME ☐ Change ☐ Addition
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27 NAME ☐ Change ☐ Addition
28 NAME
29 STREET ADDRESS
30 CITY, STATE, ZIP
31 NAME ☐ Change ☐ Addition
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33 STREET ADDRESS
34 CITY, STATE, ZIP
35 NAME ☐ Change ☐ Addition
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38 CITY, STATE, ZIP
39 NAME ☐ Change ☐ Addition
40 NAME
41 STREET ADDRESS
42 CITY, STATE, ZIP
43 NAME ☐ Change ☐ Addition
44 NAME
45 STREET ADDRESS
46 CITY, STATE, ZIP
47 NAME ☐ Change ☐ Addition
48 NAME
49 STREET ADDRESS
50 CITY, STATE, ZIP

14. I do hereby certify that the information supplied and 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 supplementary 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 registered or business empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached list, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD WILLIAMS

11-30-96

CR2E034 (12/95)