

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000050362 (9)**

1. Corporation Name
DANCERS, INC

Principal Place of Business

11855 NE 19 AVE #20
N MIAMI FL 33181

Mailing Address

11855 NE 19 AVE #20
N MIAMI FL 33181



2. Principal Place of Business

2a. Mailing Address

21 14729 N. Dixie Hwy
22 MIAMI FL 33181
23 MIAMI FL 33181
24 USA

26 17350 NE 19 AVE
27 N. Miami Bch FL 33179
28 N. Miami Bch FL 33179
29 USA

9. Name and Address of Current Registered Agent

SHEEHAN, TRACY M
11855 NE 19 AVE #20
N MIAMI FL 33181

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83 17350 NE 19 AVE
84 City N. Miami Bch FL 33179

3. Date Incorporated or Qualified **06/26/1995**
3a. Date of Last Report

4. FEI Number **X 65-0582720**
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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of the person submitting this report on the corporation's behalf

Signature of Registered Agent (if different from person submitting)

Date

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEHAN, TRACY M	
STREET ADDRESS	11855 NE 19 AVE #20	
CITY-STATE-ZIP	N MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17350 NE 19 AVE	
CITY-STATE-ZIP	N MIAMI Bch FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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)(k), 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 attached sheet with an address.

SIGNATURE:

Tracy M Sheehan
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy Sheehan

4/1/96 (305)948-0301

CR2E034 (12/95)