## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071355 (8)

TAMPA BALLET CENTER, INC.

## FILED May 13 1998 8:00am Secretary of State

INMEA	DALLET CENTER, INC.						
Principal Place	e of Business	Mailysi Address		<del> </del>	-{	. O	(8) <b>(</b>
4		420 WEST BAY TO BAY BOULEVARD					
4219 WEST BAY TO BAY		TAMPA FL 33629					
TAMPA FL 330	529				DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified	1	
2. Principal P	ace of Business 4319	2a. Mailing Address	4219	3 Bonto	<b>09/14/1995</b> 4. FEt Number		pplied For
21	General Town	26 34240	* ~ <u>-</u>	Ban	59-3337526	<del>  </del>	ot Applicable
Suite, Apt.	# . Oto Bay to Bay	Suite, Apt #, etc	<del>-</del>	<del></del>		\$8.75	Additional
22		27			5. Certificate of Status Desired	7	equired
City & State	3	City & State			8. Election Campaign Financing	\$5.00	May Be
23		28	, /r		Trust Fund Contribution		to Fees
Zip	Country		Countr	У	8. This corporation owes or has p	<u> </u>	
24	25	29 Pagistared Apopt	30	···	Personal Property Tax due Jur		_l No
9, Name and Address of Current Registered Agent  81 Name					10. Name and Address of New Registered Agent		
	NOUGIAN, JOSETTE	<b>n</b>			N/A	r	
4217 WEST BAY TO BAY BOULEVARD TAMPA FL 33629			82	Street Addre	ess (P.O. Box Number is Not Accept	able)	
IAW	NFA FL 33029		83	3		<del></del>	
				<u> </u>			
			84	City		FL 85 Zip	Code
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, Sortion 607.0505, Florida Statutes. SIGNATURE							
	Signature, typed or printed name of registerest a jin in			jent signature require		DATÉ	
12.	OFFICERS AND	DELETE	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR Change	RS IN 12
NAME	MANOUGIAN, JOSETTE		1.2 NAME			L. Ondrige	- Addition
STREET ADDRESS	42(17) WEST BAY TO BAY BOUL	EVADO		1 ADDRESS			Ę
CITY-ST-ZIP	TAMPA FL 33629	LIANU	1.4 CITY-				ן נ
TITLE	D	DELETE	2.1 TITLE	51 211		Change	Addition C
NAME	MANOUGIAN, MANOUG		2.2 NAME			•	_
STREET ADDRESS	1 <b>@</b>			T ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629		2.4 CITY-	ST-ZIP			
TITLE	D	DELETE	3 1 TITLE			Change	Addition
NAME	MANOUGIAN, MICHAEL		32 NAME				ļ
STREET ADDRESS	427 WEST BAY TO BAY BOUL	.evard	3.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629		3.4. CITY-	ST-7/P			
TITLE		☐ D <b>é</b> lete	4.1 TITLE			☐ Change	☐ Addition
NAME			4 2 NAME	i			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		DELETE	4 4 CITY-	ST-ZIP			1 1 1 1 1 1 1 1
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CHY-	SI - ZIP		Change	Addition
TITLE NAME		[ ] DECLIE	6.1 TITLE 6.2 NAME			L. Change	- AMILION
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY				
14. I hereby c	ertify that the information supplied with	this filing does not qualify	for the exemp	otion stated in S	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 tegal 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 additional with an address.							