## 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 # P95000073057 (8)

DANCER'S GALLERY, INC.

FILED
May 12 1998 8:00am
Secretary of State

Principal Plac		Mailing Address					9 <b>0</b> 11111 <b>0</b> 9197 0	11(1) (00) 1001
18231 PINES BLVD 18231 PINES BLVD PEMBROKE PINES FL 33029 PEMBROKE PINES FL 3								
US US						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 09/21/1995		
	lace of Business	2a. Mailing Addre	SS			4. FEI Number	A	pplied For
21 26						65-0652375		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			itc.			5. Certificate of Status Desired	•	Additional equired
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		26				Trust Fund Contribution	bebbA	to Fees
Zip	Country	Zip	<b>—</b>	untry	•	8. This corporation owes or has paid the cur		
24	9. Name and Address of Cui	rent Registered Agent	30	Τ.		Personal Property Tax due June 30.  10. Name and Address of New Registered		_ No
ČC	DRPORATION SERVICE CONF			81	Name	10. Italia alia vadiess oi item Redistalea	Agoin.	
1201 HAYS STREET				62		2000 (D.O. Day Number in Met Acceptable)		
TALLAHASSEE FL 32301-2525					Street Aut	dress (P.O. Box Number is Not Acceptable)		
				63				
				84	City	FL	<b>85</b> 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 regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								ts registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature typed or prolet/ name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
12.		AND DIRECTORS	13.	an vibe	air giðuminie tadi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	D	DEL		ITLE		7,001710110701011102510 01110211071142	☐ Change	Addition
NAME	STARK, CHRISTIE		1.21	AME				
STREET ADDRESS 3650 NORTH 56TH AVENUE, SUIT		ue, suite 523	1.3 3	1.3 STREET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL 33021				T-ZIP			
TITLE		☐ DELI	TE 2.11	ITLE			Change	Addition
NAME			2.21	2.2 NAME				
STREET ADDRESS			2.3 5	2.3 STREET ADDRESS				
CITY-ST-ZIP		T sci		CITY	ST - ZIP		T 1 01	T Addition
TITLE		☐ DELI			-		Change	Addition
NAME CONCER LABORERS				IAME				
STREET ADDRESS					ADDRESS			,
CITY-ST-ZIP TITLE		☐ DÆLI		CITY-S	51 - ZIP		Change	Addition
NAME		, DC.		NAME	1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1	ITY-S	i			
TITLE		DELI			<u>,</u>		Change	Addition
NAME				IAME			•	-
STREET ADDRESS			<b>.</b>		ADDRESS			
CITY-ST-ZIP				HTY-S				
TITLE		☐ DELI			<u>†</u>		Change	Addition
NAME			621	IAME				
STREET ADDRESS			6.3.5	TREET	ADDRESS			1
CITY-ST-ZIP		**************************************		ITY-S				
ad Iberebu a	arth, that the information amendia.	a with this films along only	and the standard and are			p Conting 110 07/2)/i) Floring Ctations I further on	414 41 - 1 14 -	

14. I nereby 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 eath; 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 chapter 6, or on an attachment with an address

SIGNATURE:

achter alcounty

CR2E034 (10/97)