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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 14 1997 8:00am

Secretary of State

DOCUMENT # P96000028007 (8)

AFFIRMATION BALLET COMPANY, INC.

Principal Place of Business	Mailing Address			t tabtiabt sid anisa mitte notit berte ebser enteb teber anter anite anite enter inne			
911 CHESTNUT STREET CLEARWATER FL 34816	911 CHESTNUT STREET CLEARWATER FL 34616-5643						
				3. Date Incorporated or Qualified 04/01/1996	3a, Date	of Last Report	
2. Principal Place of Business	2a. Mailing Address			4, FEI Number		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			59.3371257		\$8.75 Additional	
	27			5. Certificate of Status Desired		Fee Required	
City & State	City & State			6. Election Campaign Financing	*****	\$5.00 May Be	
23	28			Trust Fund Contribution		Added to Fees	
Zip Country	Zip	Countr	y	8. This corporation has liability for i	ntangible ta	x under s. 199.032,	
24 25	29	30			Yes 🔲		
Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	distered Ag	ent	
MARQUARDT, STEPHANIE T		81	Name				
911 CHESTNUT STREET		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
CLEARWATER FL 34616		_	ļ				
		83	1				
		84	City		FL	85 Zip Code	
Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations.	and 607.1508, Florida Statute of Florida, Such change was a ions of, Section 607.0505, Flo	s, the abou uthorized b rida Statute	re-named cor by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chat the appoin	nanging its registered itment as registered	
SIGNATURE				ired when reinstating)	DATE		
Signature, typed or ponted name of registered ages 12. OFFICERS AND		13.	eni signature requ	ADDITIONS/CHANGES TO OFFIC		IRECTORS IN 12	
TITLE D	DETE	11]][[- Γ	Nooth Otto, of Middle 16 of the		Charige Addition	
NAME MARQUARDT, STEPHANIE T		1.2 NAME					
STREET ADDRESS 911 CHESTNUT STREET		1.3 STREE	T ADDRESS				
CITY-ST-ZIP CLEARWATER FL 34816		1.4 CITY	ST-ZIP				
TITLE President	DELETE	2.1 1111.0				Change Addition	
NAME Donald R. Sander	5	2.2 NAME					
STREET ADDRESS 1210 74th St. N.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP St. Petersburg, A	<u> 33710</u>	2. 4 CITY	S1-ZIP				
TITLE Vice President.	☐ DELFTE	3 1 TITLE			٠. ـ	_ Change Addition	
NAME Andrea D. Sanders		3.2 NAM[
STREET ADDRESS 1210, 74th St. N.	(02 m) =		1 ADDRESS				
CITY-ST-ZIP ST. VETENSDUNG	L 33710	3.4. CITY	S1-ZIP			Change Addition	
Secretary Treasure	A DECEMBE	4.1 TITLE			_	J Change [] Radillon	
NAME Tricia S. Collins	Odle Cir ste	4. 2 NAMI	T ADDRESS				
STREET ADDRESS 1233 Darlington CITY-ST-ZIP St. Petersburg FI	22702						
CITY-ST-ZIP ST: YETEYSburg FL	- 32/05 DELETE	4.4 CITY- 5.1 TITLE	51-70°		- r	Change Addition	
NAME		5.2 NAME			_	. •	
STREET ADDRESS			T ADDRESS				
CITY-ST-ZIP		5.4 Cit Y-		•			
TITLE	DELETE	6 1 117LE				Change Addition	
NAME		62 NAME					
STREET ADDRESS		63 STHEE	T ADDRESS				

-ST-ZIP

do hereby 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 changed, or on an attachment with an address.