

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
 Sand B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000032676**

1. Corporation Name  
**SUNSHINE DANCE CAMP, INC.**

Principal Place of Business Mailing Address  
**12594 PINES BLVD #103 12594 PINES BLVD #103**  
**PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027**  
**USA USA**

3. Date Incorporated or Qualified **4/16/96** 3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4. FEI Number <b>65-0664235</b>	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. State, Apt. #, etc.		27. Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent  
**SILNICKI, DEBRA L.**  
**12586 PINES BLVD**  
**PEMBROKE PINES FL 33027**

10. Name and Address of New Registered Agent  
 81 Name **SILNICKI, DEBRA L.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **12594 PINES BLVD #103**  
 83  
 84 City **PEMBROKE PINES** FL 85 Zip Code **33027**

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, Section 607.0505, Florida Statutes.

SIGNATURE: *Debra L. Silnicki*  
**DEBRA L. SILNICKI, PRESIDENT**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	1.2 NAME		
1.3 STREET ADDRESS	1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	2.2 NAME		
2.3 STREET ADDRESS	2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	3.2 NAME		
3.3 STREET ADDRESS	3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	4.2 NAME		
4.3 STREET ADDRESS	4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	5.2 NAME		
5.3 STREET ADDRESS	5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	6.2 NAME		
6.3 STREET ADDRESS	6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP		

*RW*  
**5-13-97**

**800002189368**  
**-05/23/97--01015--011**  
**\*\*\*165.00**

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Debra L. Silnicki*  
**DEBRA L. SILNICKI, President**  
 Date: **(954) 437-2251**  
 Daytime Phone: **(954) 437-2251**

CR2E034 (9/96)