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

DOCUMENT # P96000067845 (3)

PERFECT PARTNERS PRO DANCE CHAMPIONSHIPS, INC.

Principal Place of Business Malling Address 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689-3916 831 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1996 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GERMINO, MICHAEL 81 Name 931 EAST KLOSTERMAN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **TARPON SPRINGS FL 34689 B3** 84 City 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, Section 607,0505, Florida Statutes. Signature typed or printed havid of registered agent and title if applicable. (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) **PVST** ☐ Change Addition DELETE 1.1 TITLE UHE WILSON, CLINT NAME 12 NAME 2E034 931 EAST KLOSTERMAN ROAD 1.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 City - St - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 21 TITLE TOUR WILSON, CLINT 2.2 NAME NAM 931 EAST KLOSTERMAN ROAD STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL 34689 2 4 CITY-SY-ZIP CITY-ST-ZIP **Addition** DELETE Change 31 TITLE TITLE BARRY T. WRIGHT NAME 3.2 NAME KLOSTERMON RUBY STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY-ST-7IP TITLE DELETE Change Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiF ☐ Change DELETE 61 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. If 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 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

Saul TANKS PEQUIFED DATE AND STORE OF CHECKER ON DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone # 0456751

FILED

May 14 1997 8:00am

Secretary of State