

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072411 (7)

1. Corporation Name
AMERICA'S DANCE LEADERS INC.



Principal Place of Business
2269 S UNIVERSITY DR
SUITE 356
DAVIE FL 33324

Mailing Address
2269 S UNIVERSITY DR
SUITE 356
DAVIE FL 33324-5856

3. Date Incorporated or Qualified
08/09/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10242 NW 47 St,
Suite, Apt. #, etc.

26 10242 NW 47 St,
Suite, Apt. #, etc.

22 Suite #1

27 Suite #1

23 Sunrise, FL
City & State

28 Sunrise, FL
City & State

24 33351
Zip Country

25 Broward

29 33351
Zip Country

30 Broward

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STUUT, VALERIE L
2269 S UNIVERSITY DR
SUITE 356
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name Valerie L Stut

82 Street Address (P.O. Box Number is Not Acceptable)
9741 NW 7 Cir

83 #535

84 City Plantation

FL

85 Zip Code 33324

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

Valerie L Stut
Signature typed or printed name of registered agent and this if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

1/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STUUT, VALERIE L
2269 S UNIVERSITY DR
DAVIE FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P
Stut, Valerie L
9741 NW 7 Cir #535
Plantation, FL 33324
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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

SIGNATURE:

Valerie L Stut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

Date

(954) 748-5977

Daytime Phone #

0284875

CR2E034 (9/96)