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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000074740 (7)
1. Corporation Name

DANCERS MANAGEMENT INTERNATIONAL, INC.

FILED May 20 1997 8:00am Secretary of State



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Principal Place of Business	Mailing Address	:	s immishal arb ensta nesse bolts nases dolls	i maret sames delti: 4001/ figite gall 100)
805 NE SPANISH TRAIL BOCA RATON FL 83432	505 NE SPANISH TRAIL BOCA RATON FL 33432-41:	41		
		:	B. Data languagested or Qualified	De Date of Leat Borned
		: :	3. Date Incorporated or Qualified 09/05/1996	3a, Date of Last Report
2. Principal Place of Business	2a. Mailing Address	>	4. F61 Number 07143	Applied For
21 SOS NE SPANISH TRL Suite, Apt. #, etc.	26 f. 0 . Box / Suite, Apt. #, etc.	3	03-071403	
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 BOCA RATON FL	28 BOCA RAT	on FC	Trust Fund Contribution	☐ Added to Fees
Zip Country	70 / N	Country 30 U.S.A	8. This corporation has liability for i	
24 33 43 25 USA 9. Name and Address of Current		30 V-SA	Florida Statutes 10. Name and Address of New Re	Yes No
	r uedistaran whatir	81 Name	10. Name and Address of New He	Aisteren waam
ABRAMS, JO A				
4800 SW 64 AVE STE 102B DAVIE FL 33314		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
DAVIE PL 33314		83		
•			~~~~~~ ~ ~	
•		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the p	urpose of changing its registered
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligation	of Florida. Such change was a itions of, Section 607.0505, Flor	uthorized by the corpora rida Statutes.	ition's board of directors. I hereby accept	it the appointment as registered
SIGNATURE				
Signature, typod or printed name of registered ager 12. OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE COLIN C. HILLAN		1.000.0	7,007,110,10,10,10,10	Change Addition
		1.2 NAME		
STREET ADDRESS SOS NE SPANISH	INHIL	1.3 STREET ADDRESS		
CITY-ST-21P BOCARATON FL 3	3432	1.4 COY- \$1- ZIP		
TITLE VO LEONARD BENDE		2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 5600 COLLINS AVE	# 11E	2.2 NAME		
STREET ADDRESS	147 111	2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL		2 4 CITY-ST-ZIP		
SD	☐ DELETE	31 MILE		Change Addition
ADRERTA BENT	ELLILIA	3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS OTTY-ST-ZIP TITLE MIAMI BEACH	VE # 111	3.4 CITY - ST - ZIP		
TITLE MIAMI BEACH	1-6 33140	4.1 TITLE		☐ Change ☐ Addition
TD		4, 2 NAME		
TOU DILLARY	4 70 A11	4.3 STREET ADDRESS		
1505 NE BITHE	ロールカル	4.4 CHY-ST-7IP		
TITLE BOCA RATON FO	33432 BILLETE	51 MLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 \$1HEE1 ADDRESS		
CITY-ST-ZIP		5.4 ÇITY - \$1 - ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		G.2 NAME		
STREET ADORESS		6.3 \$THEET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 chapted, or on an attachment with an address.

by Kellary Tou Human

116967 For 26027