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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600088636 (1) ACT L DANCE INC

FILED 97 JUN 27 PM 2: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AGI I DANCE, INC.				
Principal Place of Business	Mailing Address		-{	T F 1810 1811 1114 1114 1111 1111
1627 SW BIST AVE. N. LAUDERDALE FL 33068	1627 SW BIST AVE. N. LAUDERDALE FL 330	068-4139		
:			3. Date Incorporated or Qualified 10/28/1996	3a. Date of Last Report
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0704828	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt.#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30		Yes No
g, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	Istered Agent
D'AMBROSIO, MARYANN G		81 Name		
11530 NW 23RD ST. CORAL SPRINGS FL 33065			ress (P.O. Box Number is Not Acceptable	9)
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Statiangent. I am familiar with, and accept the oblication of the section of		Florida Statute's. Physical Control of the Control	YAM bassio yes when revisiating) ADDITIONS/CHANGES TO OFFICE	DATE
THLE PROSIDENT	DELETE	1.1 1ITLE		☐ Change ☐ Addition
NAME Maryann 6 DA	n brosco	12 NAME		
STREET ADDRESS 11530 MW 23		1.3 STREET ADDRESS	70000223	292273 701077023
CITY-ST-ZIP Cored Spap 74 3		1.4 CITY - ST - ZIP	-07/02/9	701077023
TITLE VICE-President	DELETE	2.1 TITLE	****165	.00 EFFERING 65. District
NAME STREET ADDRESS 1505 100 915 000	nell man	2.2 NAME		
11 20000 (10 20 20 20 20 20 20 20 20 20 20 20 20 20	330'71	2.3 STREET ADDRESS		
TITLE TO THE TOTAL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	[] better	3.2 NAME	•	C Change C Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DECETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	51 TITLE	(an	Change Addition
NAME		5.2 NAME	/ <i>M</i>) /	
STREET ADDRESS		5.3 STREET ADDRESS	(W)	
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TIBLE	\forall	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP	and with this filips, done and a	6.4 CITY-ST-ZIP	in Contine 110 07/2Viv Florida Outries	(f. orban and f. abat sha

I up nereby 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.