## 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 # P96000097991 (9)

DANCESPORT INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 28 1997 8:00am Secretary of State



JACKSONVILLE FL 32224				JACKSONVILLE FL 32224-1821										
										3. Date Incorporated or Qualified 11/25/1996	<b>3a.</b> Da	to of Las	st Report	
2. Principal Place of Business				2a.	2a. Mailing Address					4. FEI Number			Applied f	or
21			26						· · · · · · · · · · · · · · · · · · ·			Not Appli	• • • • • • • • • • • • • • • • • • • •	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional				nal	
22			27	<u> </u>				Fee Required						
City & State			— ¬	City & State				6. Election Campaign Financing		•	<b>00</b> May B			
23	Zip Country			28	Zip Country									
24	Σίβ		25	29	<i>د</i> بړ٠	30	Junitry	,		8. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes ☐ Yes ☐ No				
9. Name and Address of Current Registered Ag						[30]				10. Name and Address of New Registered Agent				
	RAM	IREZ, RALF	PH	<del>-</del>			81	Name						
3033 FARRINGTON STREET							82	Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32224								Siredi Address (F.O. Dox Multiper is Not Acceptable)						
							В3							
							84	City				lor -	np Code	
								•,			FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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.														
SI	GNATURE	Signature, lyped	or printed name of registery	d agent and title if	applical to	(NOTE: Registe	red Age	ent signature	required	when reinstating)	DATE			
12			OFFICERS	AND DIRECT		13	3.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	FORS IN 1	2
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NAME		RAMIREZ, RALPH					1.2 NAME							- 1;
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_	CITY-ST-ZIP JACKSONVILLE FL 3222						1.4 C(TY - ST - 7(P							
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	NAME RAMIREZ, RALPH		•			2.2 NAME								
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		oy certify the	t the information sup	plied with this	s filing does n				taled in	Section 119.07(3)(i), Florida Statute	s. I further	certify t	hat 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 of poul

4-22-97