

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

FILED

Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000102215 (6)  
1. Corporation Name  
ACADEMY OF BALLROOM CHAMPIONS, CORP.



Principal Place of Business 2000 AQUÍ ESTA DR PUNTA GORDA FL 33950	Mailing Address 2000 AQUÍ ESTA DR PUNTA GORDA FL 33950
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1996	
21	Suite, Apt. #, etc.	26	501 N.E. 14th Ave	4. FEI Number	58-2282693
22	City & State	27	APT 203	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Hallandale FL 33009	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	33009	30	Broward
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

YOCHIM, LEO R  
2000 AQUÍ ESTA DR  
PUNTA GORDA FL 33950

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBINO, VINCENT	1.2 NAME	
STREET ADDRESS	338 E. 8TH ST, APT. 8D	1.3 STREET ADDRESS	501 N.E. 14TH AVE APT 203
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Hallandale FL 33009
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCHIM, LEO R	2.2 NAME	
STREET ADDRESS	737 PARK AVE	2.3 STREET ADDRESS	17 BIG BEECH LANE
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	COLTS NECK N.J. 07722
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, SUSAN	3.2 NAME	
STREET ADDRESS	737 PARK AVE	3.3 STREET ADDRESS	17 BIG BEECH LANE
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	COLTS NECK, N.J. 07722
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, on an agreement with an address

SIGNATURE:

*Vincent Gerbino* 3/10/98

CR2E034 (10/97)