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

2a. Mailing Address

PROFIT **CORPORATION** ANNUAL REPORT

DANCE TIL DAWN, INC.

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2657 N. Ocean Blvd.

1998 DOCUMENT # P97000058518 (6)

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 15527 IMPERIAL POINT LN. 15527 IMPERIAL POINT LN. WELLINGTON FL 33414 WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1997

65-0773333

4. FEI Number

Suite, Apt.	#, elc.	<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status E	Desired		ቅ8.75 A Fee Re	1
22			27 TH-10								· · · · · · · · · · · · · · · · · · ·	·
City & State	e	\vdash	City & State					6. Election Campaign Fi	_		\$5.00	
23					T. Country			Trust Fund Contributi			Added t	
Zip	Country	<u> </u>	Zip	$\overline{}$	ıntry			8. This corporation owe:	•			_ ~ ;
24								Personal Property Tax due June 30. Yes No.				
g. Name and Address of Current Registered Agent								10. Name and Address	OI MEM VIE	giştered	Agent	
SMITH, BILL T JR.						Name						İ
980 N. FEDERAL HWY., STE. 402						Street A	ddres	s (P.O. Box Number is No	t Acceptab	ile)		-
BOCA RATON FL 33432												
					83							
					84	City		1011			85 Zip (Code
										FL		
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 little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS			13.		 -		ADDITIONS/CHANGES	S TO OFFIC	ERS AND		
TITLE			☐ DELETE	1.1 T		[•	r/s/D			∐ Change	Addition
NAME				1.2 N		1		m Duryee Boll	_			
STREET ADDRESS				1.3 S	FREET A	ADDRESS		7 N. Ocean Bl		H-10		j
CITY-ST-ZIP					ITY-\$ī	T-ZIP	Boo	a Raton, FL 3	<u> 3431 </u>		<u> Па</u> , <u>-</u>	
TITLE			DELETE	2.1 T	TLE	- 1					L Change	Addition
NAME				2.2 N	AME							
STREET ADDRESS				2.3 S	IREET /	ADDRESS						
CITY-ST-ZIP				2.40	CITY-S	T-ZIP						
TITLE			DELETE	3.1 T	TLE						Change	Addition
NAME				3.2 N	AME							
STREET ADDRESS				3.3 S	TREET.	ADDRESS					-	
CITY-ST-ZIP				3.4. 0	ary-s	T-ZIP						
TITLE		•	DELETE	4.1 T	TLE			• • •			Change	Addition
NAME				4.21	AME							
STREET ADORESS				4.3 S	TREET	ADDRESS						
CITY-ST-ZIP				4.4 0	ITY-ST	r-zip						
TITLE			☐ DELETE	5.1 T							Change	Addition
NAME				5,2 N	AMĘ	1						
STREET ADDRESS				5.3 S	TREET	ADDRESS						
CITY-ST-ZIP					MY-ST	i						
TITLE		-	DELETE	6.1 T							Change	Addition
NAME			_	6.2 N	AME							
STREET ADDRESS						ADDRESS						
					ITY-SI							
CITY-ST-ZIP	I certify that the information supplied wit	th this	filing does not qualify f	or the ex	emnt	tion state	d in Se	ection 119.07(3)(l), Florida	Statutes, I	further c	ertify that the	information
indicated	on this annual report or supplemental	annua	al report is true and acc	curate an	d the	at my sign	nature	shall have the same legal	effect as if	made ur	ider oath; the	at 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.

CR2E034 (10/97)

Applied For

Not Applicable