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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # V27993** 

(7)

## FILED Jan 30 1998 8:00am Secretary of State

ALLISC	ON'S DANCE CENTRE, INC						
Principal Plac	e of Business	Mailing Address			-{	isalır ədəri ələdil ədələ ədəl	
5231 26TH ST W 8717 12TH AVE NW BRADENTON FL 34207 BRADENTON FL 34209					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	THIOGRADE	
					04/13/1992		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	T 100	plied For
21	Table of Bearings	26			1	<del></del>	t Applicable
			Suite, Apt. #, etc.		65-0334692	¢0.75	<del></del>
22		27		5. Certificate of Status Desired	Fee Re		
City & State City &		City & State	State		6. Election Campaign Financing	\$5.00	·
23		28			Added t		
Zip	Country	Zip	Country		This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 30		No
<del></del>	9, Name and Address of Curre		1001		10. Name and Address of New Regi		
AM	JRRELL, LYNN J.		81 Na	me		. <del>T.</del>	
	· · · · · · ·		2010	····			
8717 12TH AVE NW			<b>82</b> Str	eet Addre	ess (P.O. Box Number is Not Acceptable	')	
DN	ADENTON FL 34209		83				
			1				
			<b>84</b> Cit	у		85 Zip	Code
	7					FL   S   Zip	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statut e of Florida. Such change was :	es, the above-nar authorized by the	ned corpo corporali	oration submits this statement for the pur on's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered
agent. I a	ım familiar with, and accept the obliq	gations of Section 607.0505, Flo	orida Statutes.		,,,	and all hammers and the	
SIGNATURE							
	Signature, typed or printed name of registered ag		E Registered Agent sign	alure require		DATE	
12.		ID DIRECTORS	13.	т	ADDITIONS/CHANGES TO OFFICE		-
TITLE	PSD	☐ DELET <b>E</b>	1.1 TITLE			Change	☐ Addition
NAME	NORTON, ALLISON E.		1.2 NAME	İ			
STREET ADDRESS	7382 LOCKWOOD RIDGE RE	<b>)</b> .	1.3 STREET ADOR	SS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP				
TITLE	VTD	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	Murrell, Lynn J.		2.2 NAME				
STREET ADDRESS	8717 12TH AVENUE N.W.		2.3 STREET ADDR	ss			
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	-		·	
STREET ADDRESS			3.3 STREET ADDR	ss			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	41 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	:00			
				.~			
CITY-ST-ZIP TITLE		DELETE	4.4 C/TY - ST - Z/P 5.1 T/TLE			☐ Change	Addition
				-		ப வளர்	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	SS			ļ
CITY-ST-ZIP		T Serve	5.4 C(TY-ST-ZIP	$\dashv$			7-4 4 2 101
TITLE		DELET <b>e</b>	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRI	ss			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1			

14. Thereby 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.

CICMATURE.

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941-751-02