

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 09, 1997 8:00 am**  
**Secretary of State**

DOCUMENT # **V51465** (5)  
1. Corporation Name  
**BALLROOM DANCERS WITHOUT PARTNERS, INC.**



Principal Place of Business Mailing Address  
**1449 NW 15TH ST.** **1449 NW 15TH ST.**  
**MIAMI FL 33125** **MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/16/1992		10/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0363666		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**GOLDBERG, MICHAEL S**  
**1449 NW 15TH ST.**  
**MIAMI FL 33125**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0592 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 *Michael Goldberg* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D+ SECRETARY</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDBERG, RENEE</b>	1.2 NAME	<b>GOLDBERG, RENEE</b>
STREET ADDRESS	<b>1449 NW 15TH ST.</b>	1.3 STREET ADDRESS	<b>1449 NW 15TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33125</b>
TITLE	<b>D PRESIDENT + TREASURER</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT + TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDBERG, MICHAEL S</b>	2.2 NAME	<b>GOLDBERG, MICHAEL S</b>
STREET ADDRESS	<b>1449 NW-15TH ST.</b>	2.3 STREET ADDRESS	<b>1449 NW 15 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33125</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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. 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.

SIGNATURE: *Michael Goldberg* **MICHAEL S. GOLDBERG** **AUGUST 15, 1997** **561-394257**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/97)