

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:34

DOCUMENT # P94000086567 (2)

1. Corporation Name

JILL MALLORY STUDIO OF DANCE, INC.

Principal Place of Business

Mailing Address

7211 S.W. 62ND AVE.  
SUITE 201  
SOUTH MIAMI FL 33143

7211 S.W. 62ND AVE.  
SUITE 201  
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1994  
3a. Date of Last Report

2. Principal Place of Business

28. Mailing Address

21 12199 So. Dixie Hwy.

26 7524 S.W. 58th Ave.

4. FEI Number 65-0545962

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

City & State

23 Miami, FL.

28 Miami, FL.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33156

25 USA

29 33156

30 USA

8. This corporation has liability for intangible tax under S. 1981 U.S. Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAGLE, PETER B  
7211 S.W. 62ND AVE.  
SUITE 201  
SOUTH MIAMI FL 33143

81 Name Paula Cunningham  
82 Street Address (P.O. Box Number is Not Acceptable) 7524 S.W. 58th Avenue  
83  
84 City Miami FL 85 Zip Code 33143

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 607.0508, Florida Statutes.

SIGNATURE Paula Cunningham (Paula Cunningham) 4/30/95  
Day

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	CAGLE, PETER B
STREET ADDRESS	7211 S.W. 62ND AVE.
CITY, ST, ZIP	SOUTH MIAMI FL 33143
TITLE	DVT
NAME	RUIZ, VIRGINIA L
STREET ADDRESS	7211 S.W. 62ND AVE.
CITY, ST, ZIP	SOUTH MIAMI FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Paula Cunningham	
3. STREET ADDRESS	7524 S.W. 58th Ave.	
4. CITY, ST, ZIP	Miami, FL. 33143	
2. TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Ruth Trehenor	
3. STREET ADDRESS	8490 S.W. 112 St.	
4. CITY, ST, ZIP	Miami, FL. 33156	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

RECEIVED MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Paula Cunningham (Paula Cunningham) 4/30/95 (305) 666-2603  
Day