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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000086567**1. Corporation Name

JILL MA	LLORY STUDIO OF DANCE,	INC.	•			
				I ARABARAN KIN INDI ARABA ARABA ARABA ARABA ARABA	HOL GORAL OLIGA ARRIN ERROK HOOK HOOK	
		•				
Principal Plac	e of Business	Mailing Address		T SEMINATAN SIM IMIRI MENGU MMUNI EMINI MM	161 101LB 0110t 01110 01111 1101 1001	
12199 S DIXIE		5773 SW 81 ST.				
MIAMI FL 33156 S MIAMI FL 33143		•				
US	•	US		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed		
				11/28/1994		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0545962	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	to.	City & State		6 Floation Compaign Financing	\$5.00 May Be	
23		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	30	Personal Property Tax.	Yes No	
12-7	9. Name and Address of Current	<del></del>	<u></u>	10. Name and Address of New Registere	d Agent	
	The state of the s		81 Name	•	<b>.</b>	
	NNINGHAM, PAULA	(C.)	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	4 SW 58TH AVE		83	12 12 12 12 12 12 12 12 12 12 12 12 12 1		
) minta	MI 1 E 50 140		03			
``			84 City	· F	85 Zip Code	
11 Dursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above-named corr	poration submits this statement for the purpose	of changing its registered	
11. Pursuant office or r	registered agent, or both, in the State of	f Florida. Such change was au	thorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as registered	
	am familiar with, and accept the obligati	ons of, Section 607.0505, Fion	ida Statutes.			
SIGNATURE			IGA STATUTES.  Registered Agent signature require	·	·	
	am ramiliar with, and accept the obligation of the state	and title if applicable. (NOTE:	ida Statutes.	·	AND DIRECTORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	IGA STATUTES.  Registered Agent signature require	ed when reinstating) DATE	AND DIRECTORS IN 12	
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SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND P CUMMINGHAM, PAULA	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature require  13.  1.1 ΠΠLE	ed when reinstating) DATE		
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90012 003 \*\*\*150.00