

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90032 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738786 1. Corporation Name NATIONAL DANCE TEACHERS ASSOCIATION OF AMERICA, INC.			
Principal Place of Business 825 N.W. 13TH STREET BOCA RATON FL 33486 US		Mailing Address 825 N.W. 13TH STREET BOCA RATON FL 33486 US	



2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 3205 W 16 AVE 27 Suits, Apt. #, etc. LOT 8A 28 City & State Hialeah, Fla. 29 Zip 33012 Country		3. Date Incorporated or Qualified 04/22/1977 4. FEI Number 59-1846975 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent FOX, LEE 825 N.W. 13TH STREET SUITE 210 BOCA RATON FL 33486			10. Name and Address of New Registered Agent 81 Name HOWARD MARLOW 82 Street Address (P.O. Box Number is Not Acceptable) 3205 W 16 AVE 8A 83 84 City Hialeah FL 33012																																																																																																																																																		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Sections 617.0503, Florida Statutes. SIGNATURE <u>Howard Marlow</u> DATE <u>4-14-99</u>																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>FOX, LEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 N.W. 13TH STREET, #210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33486</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>EISENFELD, SY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7591 STIRLING BRIDGE BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH FL 33446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>PEIFFER, GWEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7360 NW 5TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33126</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>EISENFELD, JANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7591 STIRLING BRIDGE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH FL 33446</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P	☒ DELETE	NAME	FOX, LEE		STREET ADDRESS	825 N.W. 13TH STREET, #210		CITY-ST-ZIP	BOCA RATON FL 33486		TITLE	D	☒ DELETE	NAME	EISENFELD, SY		STREET ADDRESS	7591 STIRLING BRIDGE BLVD.		CITY-ST-ZIP	DELRAY BEACH FL 33446		TITLE	D	☐ DELETE	NAME	PEIFFER, GWEN		STREET ADDRESS	7360 NW 5TH ST		CITY-ST-ZIP	MIAMI FL 33126		TITLE	D	☒ DELETE	NAME	EISENFELD, JANE		STREET ADDRESS	7591 STIRLING BRIDGE BLVD		CITY-ST-ZIP	DELRAY BEACH FL 33446		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>D</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>PEIFFER, GWEN</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>7360 NW 5TH ST. MIAMI</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>33126</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>WEIMER, SAM</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>6450 SW 42ST.</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>DAVIE, FLA. 33314</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>TREASURER</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>HOWARD MARLOW</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>3205 W 16 AVE 8A</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	D	☒ Change ☐ Addition	1.2 NAME	PEIFFER, GWEN		1.3 STREET ADDRESS	7360 NW 5TH ST. MIAMI		1.4 CITY-ST-ZIP	33126		2.1 TITLE	D	☐ Change ☒ Addition	2.2 NAME	WEIMER, SAM		2.3 STREET ADDRESS	6450 SW 42ST.		2.4 CITY-ST-ZIP	DAVIE, FLA. 33314		3.1 TITLE	D	☐ Change ☒ Addition	3.2 NAME	TREASURER		3.3 STREET ADDRESS	HOWARD MARLOW		3.4 CITY-ST-ZIP	3205 W 16 AVE 8A		4.1 TITLE		☐ Change ☐ Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		☐ Change ☐ Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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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 677, 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.

SIGNATURE:

SIGNATURE REQUIRED

HOWARD MARLOW

4-14-99

Daytime Phone

305-558-9033

OR 561-593-5370

-CR29197-111981