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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95809 1. Corporation Name

DANCE DIMENSIONS, INC.

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Principal Place		Mailing Address							
5303 N. DIXIE I		5303 N. DIXIE HIGHWAY					•		
FT LAUDERDALE FL 33334 US			FT LAUDERDALE FL 33334 US			DO NOT WRITE IN THIS SPACE			
US		03			2 0	ate Incorporated or Quali	***	SFACE	
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					22	-, - +,		1	
2. Principal P	lace of Business	2a. Mailing Address				El Number			pplied For
21		26			5	9-2224445			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Ce	ertifcate of Status Desire	d 🗆		Additional
22		27			3 . 3 .	Orange of Classo Domes		Fee R	equired
City & State	te	City & State			6. El	ection Campaign Financi	ing [\$5.00	May Be
23		28			Tr	rust Fund Contribution	<u></u>	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. Th	nis corporation owes the	current year Int	angible	
24	25	29	30		Pe	ersonal Property Tax.		☐ Yes	□No
•	9. Name and Address of 0	Current Registered Agent			10. N	ame and Address of Ne	w Registered	Agent	
•		•		81 Nam	e				
MAU	JTI, ANGELA			82 Stree		D. M			•
1062	20 MENDOCINO LANE				et Address (P.O.	ess (P.O. Box Number is Not Acceptable)			
BOC	A RATON FL 33428			83		1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8 7 8 2 4 7 4 15	818 1 3 SIP163
				84 City		er e vi e e e e e e e e	- 1	85 Zip	Code
,							FL		
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida Sta State of Florida. Such change wa	itutes, the al	ove-name	ed corporation su	ubmits this statement for	the purpose of	changing its	s registered
agent. I a	m familiar with, and accept the	obligations of, Section 607.0505,	Florida Stati	ites.	poration's board	o or unectors. Thereby at	poebi die appon	initionic as re	bgiatered
SIGNATURE	•	-							
SIGNATURE									
	Signature, typed or printed name of register	ered agent and title if applicable. (NO	OTE: Registered	Agent signatur	e required when reinsl	tating)	DATE		
12.		ered agent and title if applicable. (NO RS AND DIRECTORS	DTE: Registered	Agent signatur		tating) (15.052 DITIONS/CHANGES TO		D DIRECTO	ORS IN 12
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12.	OFFICEI DP	RS AND DIRECTORS	13.	LE	ADI				
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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 affachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90070 022 ***150.00

491-4668