


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002805 (0)**  
1. Corporation Name

**CHILDREN'S ATHLETIC NETWORK AND DANCE OPPORTUNITIES, INC.**



Principal Place of Business <b>16213 SEPTEMBER DR. LUTZ FL 33549</b>	Mailing Address <del>16213 SEPTEMBER DR. LUTZ FL 33549</del>
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3. Date Incorporated or Qualified <b>06/16/1993</b>	
4. FEI Number <b>59-3193026</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 P.O. Box 9781</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 TAMPA FL</b>
Zip <b>24</b>	Country <b>29 33674 30 US</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>STAFFORD, S L 14812 N. FLORIDA AVE. TAMPA FL 33813</b>	

10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code
	<b>FL</b>

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, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **7/9/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CALLAN, JOSEPH</b>		1.2 NAME <b>JESSICA PEREZ</b>	
STREET ADDRESS <b>5208 E. FOWLER, #E</b>		1.3 STREET ADDRESS <b>8408 Flagstone Dr.</b>	
CITY-ST-ZIP <b>TAMPA FL 33617</b>		1.4 CITY-ST-ZIP <b>Tampa, FL 33615</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PEREZ, JESSICA</b>		2.2 NAME	
STREET ADDRESS <b>8404 FLAGSTONE DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33615</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OKSA, MARK</b>		3.2 NAME	
STREET ADDRESS <b>14501 NETLE CREEK ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33612</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>VICE-PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>DAVE FARRIS</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>3345 FOX RIDGE CIRCLE</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>TAMPA, FLORIDA 33618</b>	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **7/9/98**

CFR2E037 (10/97)